




3 1761 11971399 8







Digitized by the Internet Archive  
in 2024 with funding from  
University of Toronto





CAI

Z 1

-69N21

COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

April 10, 1970  
University of Saskatchewan  
SASKATOON, Saskatchewan.







CA1  
2-1  
-69N21

COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain, Chairman,  
Ian Campbell, Member,  
H. E. Lehmann, M.D., Member,  
James J. Moore, Executive Secretary,  
J. Peter Stein, Member.

RESEARCH:

Dr. Charles Farmilo,  
Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

April 10, 1970  
University of Saskatchewan  
SASKATOON, Saskatchewan.





Saskatoon, Saskatchewan  
April 10, 1970

---Upon commencing at 1:00 P.M.

THE CHAIRMAN: Ladies and gentlemen, this is an informal hearing of the Commission of Inquiry into the non-medical use of drugs. We have no schedule. Some of you were at the Hearing this morning. How many of you were at the Hearing this morning?

Well, you have some idea of how the discussion went and we might pick up some of the themes that were discussed this morning. For those who weren't there and don't have perhaps too specific an idea of our terms of reference I will just say very briefly that we are required to examine the effects of the non-medical use of drugs, the extent and patterns of such use and the causes and related social factors, the general significance of this phenomenon and its meaning in our time, and on the basis of our finding to make recommendations to the Federal Government as to what it can do alone or with other governments to reduce the dimensions of the problems involved in such use.

Now, we are interested in any information or views which you can give us on any of these aspects of our inquiry, but I think we are particularly interested in your interpretation of these phenomena and its meaning today, and we had some very interesting discussion this morning. Those of you who were there know. There was a suggestion that drug use, to some extent, was a reflection of a very





1 profound dissatisfaction with conditions of life  
2 today, the quality of our personal relations, and  
3 that it is both a reaction to that situation and  
4 stresses to protest, and it is also regarded as a  
5 means to some extent of overcoming or transcending these  
6 conditions, and this is of course an interpre-  
7 tation which we have to try to weigh. We have to try  
8 to determine the extent to which this and other  
9 interpretations which are presented to us reflects  
10 some truth about this phenomenon. There is no  
11 obviously overall uniform theory about it; and we  
12 don't expect to find one. But it is helpful for us  
13 to hear these views even though some might feel that  
14 we are hearing them repeated to a certain extent. We  
15 want and welcome confirmation of views. It gives us  
16 a better sense of the amount of weight to be attached  
17 to these various interpretations. So no one should feel  
18 inhibited in the sense that we have heard what he or  
19 she wishes to say. It is important for us to attach  
20 the various views to this phenomenon.

21 So with that, I will invite  
22 you to give us the benefit of your views and your  
23 understanding in this phenomenon and at this point  
24 there is always someone who is the hero or heroine  
25 who makes the first plunge into the pool, and we are  
26 very grateful to them. Perhaps there is a little  
27 interval of hesitation. We have never failed to have  
28 someone go out and lead us off. This is the seventeenth  
29 University we have been to. We should try apparently  
30 to use the microphones.





1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18

19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30





1     boost your concentration.

2                                     I think it stems from a ---  
3     what I think is a universal sort of desire for some  
4     sort of communion with something or other which is  
5     reflected in love, people can fall in love, people can  
6     fall in love and have a union to tie them together.  
7     That is a kind of communion. You could be very strongly  
8     in a particular phase and fear the repeated ritual.  
9     You can transcend your daily life and find some sort  
10    of higher meaning, or if you feel that it is absolutely  
11    impossible for you to --- well, I hate this word "relate"  
12    --- to find togetherness, to find unity in the universe,  
13    in your life, very many people turn to a very obvious,  
14    simple method of feeling at one with whatever the  
15    universe happens to be, with whatever life happens to  
16    be, they will turn to a very easy solution which is a  
17    thing, smoking pot, taking some sort of drug, some-  
18    thing that will give them a feeling of unity with  
19    whatever existence there is, and that comes from, I  
20    think, a lack of or an inability to express oneself  
21    to oneself and to leave oneself vulnerable to the  
22    things around.

23                                 DR. LEHMANN: Would you then  
24    say it is a temporary improvised method to increase  
25    the awareness or the feeling of unity?

26                                 THE PUBLIC: It is a very  
27    short cut, easy way of getting to a particular destina-  
28    tion. Then it has to be repeated constantly, the act  
29    of love has to be repeated constantly or a religious  
30    rite has to be repeated again and again.





1 DR. LEHMANN: We have often  
2 been told that after a while people who have been  
3 taking drugs or have been smoking for a long time,  
4 don't need to do it any more because they are ---

5 THE PUBLIC: I think,  
6 doesn't that depend on what drug and what particular  
7 metabolism the person has? Some people are easily  
8 addicted whereas others are not.

9 DR. LEHMANN: They implied  
10 that they have learned to have this awareness or  
11 have the skills of relating without needing the drugs.

12 THE PUBLIC: Never having  
13 used the drug, well, I can't say. I have never  
14 smoked pot or marijuana to be quite frank.

15 DR. LEHMANN: Well, how  
16 did you know then, of this question?

17 THE PUBLIC: Because I  
18 know, just because of some things I have read and  
19 certain things I have felt in my life.

20 I may have the right  
21 to feel a desire for communion too, you know.  
22 (Inaudible).

23 Well, unless someone else  
24 wants to make a provocative statement. The chief  
25 reason for drug use, I think the emphasis here has  
26 been put too strongly on the religious, idealistic  
27 aspect. I think that the chief reason and the basic  
28 motivating force behind people doing it is fun. You  
29 know, it is a relatively intellectual fun, but you  
30 know, I don't think that most people who do drugs





1 have such a purely stabilized idealistic standpoint  
2 that he is expressing.

3 Most people use drugs because  
4 it really feels good. It is really good to go out and  
5 get really whacked.

6 DR. LEHMANN: What is the  
7 motivation to take chances with the law?

8 THE PUBLIC: I feel it is  
9 not a legal aspect --- it is not a legal problem,  
10 it is more a moral problem. It is more a freedom for  
11 the individual to do with his mind and body as he  
12 wants as long as he doesn't harm anyone else, and  
13 most people don't. The cases of people having bad  
14 trips and hurting themselves or hurting someone else  
15 are so rare when you consider the number of people who  
16 are taking drugs and the number of times they use  
17 them.

18 THE PUBLIC: A person who  
19 is addicted to a hard drug such as heroin, and in  
20 order to keep himself going has to push to other  
21 people. Don't you consider that harming others?

22 THE PUBLIC: One of the worst  
23 things about heroin is it is relatively physically  
24 harmless and as far as things such as withdrawal go.  
25 From that angle, D.T.'s are a lot more terrible than  
26 any "comedown" from any drug.

27 THE PUBLIC: I don't know  
28 what you mean by harmless.

29 THE PUBLIC: One of the  
30 things that has been talked about like things like heroin,





1 is the bad "comedown" and the bad effects and the  
2 physical well-being of the person. But this is  
3 because the person who has chosen to use heroin or  
4 opium or cocaine or any of the other drugs, he comes  
5 very --- well he makes himself a negro actually.

6 THE PUBLIC: Beg your pardon?

7 THE PUBLIC: A nigger or a  
8 negro. It's just like going down to Nashville and  
9 dying your skin black, because you are --- immediately  
10 you are a social outcast and it is a problem of accepting  
11 these people, accepting this as a social problem and  
12 not a criminal offense. Because these people are  
13 somewhat sick, but they are no more sick than the  
14 person who goes down to the bar every night and gets  
15 totally stoned and then can hardly walk. I have seen  
16 quite a few of these people.

17 THE PUBLIC: I am not saying  
18 that, but what I am saying is, do you consider that  
19 when people have to go out by necessity getting other  
20 people or trying to get other people to use it, you  
21 know, to feed their own things?

22 THE PUBLIC: The thing is  
23 they put it down right away. I mean as soon as some-  
24 one discovers something that they don't understand,  
25 they criticize and are very angry and say "Well, I  
26 don't want to talk about that, because I don't know  
27 what it's all about". They won't listen.

28 You see, these people who  
29 are using hard drugs are --- a lot of them are very  
30 intelligent. Well, it is a necessity of the society



1 they are in. If they wish to continue using this  
2 stimulant or whatever it is, they have to revert to  
3 very nasty tactics. I think Britain has got a very  
4 good law where they are using morphine as a substitute  
5 for harder drugs. And also I believe they are doing  
6 something with marijuana things. If someone gets con-  
7 victed three times they give him a prescription of  
8 something and he goes down to the drugstore once a  
9 week and gets his prescription filled. They have  
10 realized that being addicted to drugs is not really a  
11 heavy social problem. These people can work and can  
12 maintain themselves while taking these drugs.

13 MR. STEIN: Now that is  
14 limited, and I say limited ---

15 The limited amount of  
16 information that we have on this is so limited that I  
17 even hesitate to talk about it, but I refer you to a  
18 recent magazine article that perhaps you may have seen,  
19 and I think it was Look Magazine, and there was some  
20 indication that the persons in England that were on  
21 prescription were by and large, and I qualify this  
22 because it was a magazine description, were by and  
23 large centering most of their existence on most of  
24 this activity. In other words, they would give a  
25 prescription and the way the article ended was that  
26 England has not attempted to try and stamp out this  
27 situation, they have recognized the inevitability of  
28 that, and therefore they are just attempting to  
29 control it. And the inference of the article was that  
30 the individuals who may choose to pursue a daily





1 existence centered around heroin are free to do so in  
2 England, but they are not really doing much else.  
3 Now I am not sure if that is accurate or not, but I  
4 would be interested in your view about this style of  
5 existence, one we just focused on, a person taking a  
6 drug and the people who were on it were quite  
7 satisfied and pleased and happy with their existence.  
8 Do you have any views on that?

9 THE PUBLIC: This form of  
10 existence has been going on for many millenium in the  
11 East where the drug thing, well, more or less originated  
12 in China and Japan and most of Asia where there are a  
13 certain segment of the society who just do nothing else  
14 but use drugs. And they will work very hard so that  
15 they can make enough money to get their supply every  
16 day and that's it. And they are not a burden on  
17 society, they are not helping it but ---

18 MR. STEIN: Let me make the  
19 point a little clearer. In this situation it appeared  
20 in the article that the individuals were not working,  
21 they were in fact taking both drugs and other susten-  
22 ance from society and in effect were saying that this  
23 was their right, they were entitled to this. They  
24 made this demand in effect, to have their regular  
25 drug and have some form of room and board but they  
26 weren't really expecting to have to make any kind of  
27 a contribution, call it what you want.

28 THE PUBLIC: Well, in our  
29 vast society today with our many multitude of  
30 millions of people, we do need some social parasites





1 because not everyone can work, there are not enough  
2 jobs for everyone.

3 MR. STEIN: You are speaking  
4 of jobs as economic activities?

5 THE PUBLIC: There is just  
6 not enough work or demand for products to go around.  
7 We are not even short of food, it is just that we  
8 cannot distribute it properly and in all of nature  
9 there is a certain amount --- in every species there  
10 is a certain amount that is a parasite to the rest  
11 and which lives off of everyone else and you need it.

12 THE PUBLIC: Isn't it con-  
13 ceivable that a parasite might become so potent that  
14 the organism dies completely?

15 THE PUBLIC: No. (inaudible)

16 THE PUBLIC: Pardon?

17 THE PUBLIC: (inaudible)

18 THE PUBLIC: People using  
19 drugs like heroin or whatever, is there a social  
20 stigma that this man is an addict or whatever, is the  
21 reason why he isn't working? Is it because people  
22 won't hire a dope fiend?

23 THE PUBLIC: People probably  
24 won't hire anybody on drugs because they don't usually  
25 show up on time.

26 THE PUBLIC: Could you  
27 clarify that statement please?

28 THE PUBLIC: Well, I am saying  
29 that you find happiness in a thing, in a drug, in  
30 something that doesn't demand a repeated effort on



1 on your part to create, you won't have any desire to  
2 be on time in order to do that job well, and our  
3 society depends, and I'm not arguing for the society,  
4 I am simply saying that this society depends, function-  
5 ally the society depends on people showing up at the  
6 time they are supposed to, and doing their supposedly  
7 or nearly, prescribed amount of work. And I say that  
8 any outside influence such as drugs, excessive use of  
9 drugs, alcohol, etc., takes away from you the sense  
10 of responsibility which keeps things going. And if  
11 you want to see the existence of the society, if you  
12 believe in the integrity of society and the kind of  
13 life it can give you, then you have to reject drugs  
14 because it simply leads to a breakdown. If you  
15 don't believe in it, you can do whatever you want  
16 and see what happens.

17 THE PUBLIC: You are assuming  
18 the people will not go to work on time or whatever. I  
19 can only say from experience I have held down a  
20 number of jobs for periods of a year or more at a  
21 time and I have quit these jobs on my decision, not by  
22 being fired or whatever, and while using drugs and I  
23 was always on time. I can only speak for myself; I  
24 don't know about other people. But I know many people  
25 who are using drugs who are working and who have held  
26 jobs down for a very long period of time. It just  
27 doesn't apply and I don't see where you get the idea  
28 they don't go to work.

29 THE PUBLIC: After awhile,  
30 you might start out being very non-productive, but





1 after awhile there are so many things happening inside  
2 of your head you have to do something or else you are  
3 going to go completely insane by not doing anything  
4 and just being apathetic. And so you have to be  
5 productive, you have to create something. It doesn't  
6 matter what you do, even if it is going some place it  
7 is something you can do, some physical exertion to  
8 keep your body sort of more or less with your mind.  
9 And you have to do it. It just comes down to it,  
10 you know. People will for the first year or two of  
11 using drugs be not wanting to work or anything, but  
12 after a while it is almost an addiction to more, where  
13 you have to do it.

14 THE PUBLIC: What kind of  
15 drugs, what kind of people, what quantities, what  
16 regularities? All these factors surely must be  
17 important and it is very easy to talk about drugs,  
18 but you know, could you be more specific?

19 THE PUBLIC: I think one  
20 might point out that all this phenomena can be observed  
21 through malnutrition, also. You will suffer from the  
22 same things if you do it.

23 The question I would like to  
24 know is, if the legislation or so-called control could  
25 be exercised over the state of mind or over the input  
26 of particular organic substances into the body when we  
27 have the procedure of fasting and things like this  
28 where there is a lot of input resulting in the same  
29 mental or physical state.

30 DR. LEHMANN: Did you





1 mention legislation? How do you mean this, there ought  
2 to be legalized --- legislative control of things  
3 taken into our bodies or there should not be any?

4 THE PUBLIC: There should  
5 be control of what we don't take in.

6 DR. LEHMANN: There should  
7 be a law against malnutrition. That would prevent  
8 malnutrition?

9 THE PUBLIC: We have been  
10 talking about the drugs that are a lot in use, like  
11 marijuana and so on, but so far no one has mentioned  
12 about the kind of things that a lot of people are  
13 using nowadays, like Gravol tablets and insectide  
14 sprays, different kinds of solvents and glues, what  
15 about control of those; what do you recommend there?  
16 Do you have ideas about that?

17 THE PUBLIC: I don't have any  
18 ideas on any of that, but I just say if you attack one  
19 side of it you must also approach the other side  
20 intelligently. In other words, you can have an excess  
21 or a lack. We are attacking the excess of taking  
22 things but we are not attacking very strongly the lack  
23 in taking various things.

24 THE PUBLIC: But there are  
25 over 500 psychoactive drugs that are easily available,  
26 legally.

27 So what do you intend to do  
28 about those?

29 THE PUBLIC: I don't have  
30 any intentions.



1 DR. LEHMANN: Your statement  
2 again would be, as long as there are laws against the  
3 intake of certain drugs, there ought to be laws against  
4 poverty which would force certain people to remain in  
5 a fully nourished state?

6 THE PUBLIC: I also think  
7 legislation against certain drugs are going to induce  
8 people to go into their backyard and try anything they  
9 can find. If a person goes to the backyard and starts  
10 concealing any product that he finds there, then he is  
11 liable to come up with things that he can't cope with  
12 like poisons and things like this. If he were allowed  
13 various drugs where the outcome is relatively predictable;  
14 I can't say certainly predictable, but relatively pre-  
15 dictable; it would sort of withhold people from inves-  
16 tigation into these other drugs. To a degree.

17 THE PUBLIC: Shouldn't you  
18 have the right to destroy yourself any way you want?  
19 There is a law against suicide still in Canada, but  
20 shouldn't a person be able to destroy his body or his  
21 mind any way he wants to? Isn't that the right of a  
22 person?

23 THE PUBLIC: Well, you might  
24 not be destroying your mind. There are various things  
25 which will --- well, Speed will kill you, so will Bromo  
26 Seltzer if you take too much of it.

27 THE PUBLIC: Bromo is a  
28 bad thing so is alcoholism.

29 THE PUBLIC: There are so  
30 many things if you use them to excess, anything if you





1 use it to excess will kill you; and in most cases it  
2 will not. So it is not so much doing this to an  
3 excess, it is doing them in healthy balance.

4 THE PUBLIC: Why should you  
5 have to have a healthy balance? Why can't you com-  
6 pletely destroy yourself if you want? Shouldn't the  
7 government stay out of any activity at all that is  
8 involved with your body?

9 THE PUBLIC: You see, when  
10 you come into this, you also get the part of human  
11 nature that is just the need of the individuals and  
12 the species to survive as long as possible. That is  
13 something that has been bored into us, to live as  
14 long as possible. And is something you can't overcome.

15 THE PUBLIC: You can commit  
16 suicide easily, can't you?

17 THE PUBLIC: That is only  
18 when you get into the state of manic depression or  
19 various other things which are sometimes caused by  
20 drugs. But they are also caused by other things such as  
21 malnutrition, social problems. To many people around  
22 in the large cities, they are placing too much stress  
23 on the individual.

24 THE PUBLIC: Doesn't (Cannute)  
25 say that suicide is the ultimate for you?

26 THE PUBLIC: For a respon-  
27 sible individual, and I say if it were only a question  
28 of responsible individuals taking drugs and making the  
29 decision, all right, I am going to take this drug  
30 and I accept the consequences of my act. If it were





1 only a question of that, I would not really argue with  
2 you. But I think the tragedy of it is, for instance,  
3 kids from the age of, I don't know, fourteen to eighteen  
4 who do it because their friends do it; because it  
5 happens to be a fashion; who aren't doing it responsibly  
6 and who aren't willing to accept the consequences; and  
7 who are involving things like their parents who cer-  
8 tainly don't want to see them unhappy or don't want  
9 to --- want that to happen, they aren't responsible.  
10 I don't consider them responsible.

11 THE PUBLIC: Do you think  
12 you can legislate responsibility?

13 THE PUBLIC: I don't know.

14 MR. STEIN: Could I ask you  
15 a question?

16 THE PUBLIC: Me?

17 MR. STEIN: No, the suicide  
18 gentleman over here.

19 You said something about  
20 wondering whether the state had any right to involve  
21 itself, if it had anything to do with your body. What  
22 is your view of the state's role or responsibility to  
23 provide some kind of assistance to someone, make it  
24 available if the individual is attempting to destroy  
25 himself, changes his mind in midstream and says, "Wait  
26 a minute, I think I want to carry on for a while  
27 longer." What is your view? Should the state be  
28 sort of developing programmes, facilities, medical  
29 health or whatever, where this person --- or should  
30 they remain out of this also. In other words, that is



1 his business, he has gone this far, you know, "just",  
2 let him go.

3 THE PUBLIC: It is hard to  
4 say you have an ultimate freedom to do something. That  
5 doesn't say the state should provide for the guy,  
6 because you are still infringing on it that way. But  
7 it is a contradiction. But why can't you have the  
8 state still in that position, where they will, sure,  
9 medicate a guy, hospitalize him if he is in real  
10 trouble, but otherwise let him do what he wants.

11 THE PUBLIC: One of the  
12 funny things about our present state is that someone  
13 who has attempted to commit suicide can be hung for  
14 it still. Attempted suicide can still be punished by  
15 capital punishment.

16 THE CHAIRMAN: It is not  
17 a capital crime.

18 THE PUBLIC: It is against  
19 the law in Canada and I think it is obviously silly.

20 THE CHAIRMAN: Is the other  
21 point that the state in your view--is there any point  
22 at which the state has a right to concern itself, in  
23 your view, has a right to concern itself with a general  
24 tendency to self-destruct on the part of its citizens.  
25 I mean, <sup>at</sup> what point, if any, would you recognize that the  
26 state has some legitimate interest in a general tendency  
27 which might be self-destruction or self-incapacitation.

28 THE PUBLIC: None whatsoever,  
29 as long as they aren't dragging anyone else down with  
30 them. But with heroin, the disease itself isn't that





1 bad according to Burroughs.

2 THE CHAIRMAN: What is the  
3 duty the state owes all its citizens to sustain its  
4 general liability or does it owe any  
5 liability to its citizens to help maintain the general  
6 capacity of the society to sustain itself?

7 THE PUBLIC: Well, maybe  
8 provide it hospitalization, etc., but if you say it  
9 has got a duty then you can easily drag it down to  
10 the point where you are saying "Well, you are going  
11 to live in your little box and we are going to make  
12 sure you don't do anything to yourself that will  
13 result in our economy suffering etc." That goes  
14 obviously too far., They just say, "As long as you  
15 aren't harmful to the rest of society, we won't  
16 interfere."

17 THE CHAIRMAN: Supposing  
18 a drug was developed which induced a lemming-like  
19 situation. Do you think the state would have any  
20 right, in your view, to take any action to prevent  
21 or restrict the availability of this drug?

22 THE PUBLIC: Well, I can  
23 see the state trying to prevent somebody from trying  
24 to put that in the water supply, but not consuming  
25 it.

26 THE CHAIRMAN: In other  
27 words, the voluntary use of it as opposed to the  
28 involuntary. You would say the state has a right to  
29 prevent the involuntary use of it, using it against  
30 a person's will?



1 THE PUBLIC: Yes.

2 THE CHAIRMAN: You make  
3 the distinction turn on that?

4 Well, do you recognize any  
5 degree of voluntary or involuntary response? What about  
6 the position of the young? Do you recognize the state  
7 has any responsibility to restrict the availability  
8 of harmful substances so far as the young are concerned?

9 THE PUBLIC: Yes.

10 THE CHAIRMAN: When do  
11 voluntary acts begin in your terminology?

12 THE PUBLIC: Well, that it  
13 is a good point. I believe, Yes, they do have an  
14 interest in the young, but then again I ask you, how  
15 can you legislate this? How can you legislate respon-  
16 sibility? And how can you decide when a child is  
17 ready to do a voluntary act?

18 MR. CAMPBELL: In some  
19 areas they do. For instance, I think you could make  
20 the case that through development of the idea of  
21 liberty in this society, well into the last century,  
22 was very largely a negative definition, the absence  
23 of arbitrary restraint. Then it came to the argument  
24 it was not enough for a man simply to be free in that  
25 sense, but that really there are prerequisites of  
26 freedom, and education is a prerequisite for a man  
27 to be effectively free in a complex society. But  
28 in any country the ability to work is a gain, a  
29 necessity of freedom, health and so on.  
30 And so the society has moved to provide this





1 ground, his base of a means of freedom. One of them  
2 is education and in a sense we say to the young, it  
3 is not up to you to decide whether you will be  
4 educated, we are saying you will stay in school until,  
5 let us say, age fifteen or sixteen on the assumption  
6 that we are adding to your ability to be free, effec-  
7 tively free, at some later point. Now there are other  
8 arguments of course for the compulsory school system,  
9 but that is an argument that is used.

10 THE PUBLIC: Okay, a  
11 prerequisite to freedom is again the ability to do  
12 what you want with yourself. Okay, so what do you do  
13 with children then and the transmission of goods and  
14 money to young? How do you legislate it?

15 THE PUBLIC: Well, with the  
16 young you have got a case when a person becomes res-  
17 ponsible and each individual is different. Because I  
18 have met kids who are twelve, thirteen years old, who  
19 are more mature and more responsible than a lot of  
20 people who are considered mature adults, people thirty-  
21 five or forty, and these kids haven't got an education.  
22 They have been out on the streets for two or three  
23 years and they have had a hard life, but they are very  
24 mature, very intelligent.

25 DR. LEHMANN: And would you  
26 think that there should be a law against selling heroin  
27 to four and a half year olds, for instance, even if he  
28 is rather immature?

29 THE PUBLIC: When you get to  
30 a point like that, I don't know, it is sort of



1 ridiculous.

2 MR. STEIN: There are eight  
3 year olds in New York if we can believe what we have  
4 read, who are using it. So it isn't that far-fetched.

5 THE PUBLIC: Because of  
6 the U.S. Government's policies with regard to marijuana  
7 and hashish, it has got to a point where the harder  
8 drugs are more available now.

9 MR. STEIN: The question  
10 was, as I remember it, should there be any restraint  
11 on an individual regardless of what society's  
12 contribution to this may be? Should there be  
13 any restraint on selling to a youngster eight or  
14 four and a half?

15 THE PUBLIC: There is no  
16 restraint on the provider of this individual not  
17 supplying the required amino acids, sugar content,  
18 vitamin content and so forth in the diet. It is a  
19 similar type of question. We don't legislate or  
20 control at the lower end but we do at the top end.

21 MR. STEIN: So you would  
22 not then be in favour of restraints?

23 What is your view on this  
24 restraint? Are you in favour of it or not?

25 THE PUBLIC: I just don't  
26 know. I really haven't got a clue.

27 THE PUBLIC: Why do you  
28 wish restraint on these drugs? Why not restraint on  
29 the same level of alcohol? You know, let's look at  
30 the people involved. Kids four years old can get





1 alcohol. Not an awful lot. They don't get it sold to  
2 them because they don't have any money to buy it. But  
3 generally speaking they don't give them very much  
4 or very often, or things like that. The same thing  
5 with drugs. People aren't going to give little children  
6 drugs because, assuming the people who are taking  
7 drugs are not totally psychotic, they are not going to  
8 hand out something that is going to harm a child.

9 MR. STEIN: On the other  
10 hand, we have been told by other people who have their  
11 own children that they think nothing of giving their  
12 own youngsters whatever drugs they happen to be using  
13 and they consider it their right as a parent, in fact,  
14 and it is their choice to decide what is going to harm  
15 or not harm the child.

16 THE PUBLIC: Then we should  
17 give those people the right to kill their children.

18 MR. STEIN: This is why I  
19 am asking the question.

20 THE PUBLIC: They do have  
21 the right to kill their children as long as they don't  
22 get caught.

23 THE PUBLIC: Oh, that is  
24 silly.

25 THE PUBLIC: The point has  
26 been made that this is a matter of degree. I think  
27 everyone is willing to admit that, so that is what  
28 this argument is centered around, I gather, whether or  
29 not there is some measure of degree here. I don't  
30 think anyone here would advocate that heroin should be



1 made a matter of voluntary usage for anyone, whatever  
2 age. You know, possibly there are a few people. I am  
3 sure everyone would be against anyone under twenty-one  
4 taking it voluntarily. But, you know, this question,  
5 the drug we are all considering here is marijuana.

6 DR. LEHMANN: I am not sure  
7 you can make that statement, because there are usually  
8 in a crowd like this several people, at least one who  
9 would say, why should one not make heroin available for  
10 those who want to take it, even under twenty-one? I  
11 don't know whether there is in this group, but there  
12 certainly ---

13 THE CHAIRMAN: I think what  
14 the gentleman got started on was, what was the role of  
15 the state in relation to non-medical drugs? What is  
16 being said to us is this whole issue has to be examined.  
17 This phenomenon has now raised this issue, and calls for  
18 its re-examination from scratch, and that is what we  
19 are trying to work out. What is the responsibility of  
20 the state?

21 THE PUBLIC: I think it is a  
22 matter of degree, that is, a drug that can show on  
23 objective terms to show negative tests, that is, physical  
24 and mental degeneration which can be clearly proven,  
25 you know, to me should obviously be restricted or  
26 completely illegal. But it gets into a grey area  
27 where you have a drug, which, you know, not too much  
28 is known about and there the obvious thing to do is  
29 to educate people as much as possible and then let  
30 them make their own decisions. But there is a matter





1 of degree depending on the obvious danger of the drug.

2 DR. LEHMANN: But you have  
3 heard in the group here that no matter how dangerous  
4 the drug is everyone should have the right to take it  
5 and the state should not interfere with his right to  
6 destroy himself.

7 THE PUBLIC: I don't agree  
8 with that.

9 DR. LEHMANN: You don't?

10 THE PUBLIC: Hasn't the  
11 Government already established the precedent of acting  
12 as the protector of the Nation's health, and cyclamates  
13 have a definite medical use, especially in diabetics;  
14 however, they were very quickly removed from the open  
15 market and they have already assumed that they had  
16 the responsibility to remove this dangerous compound  
17 from the market.

18 THE CHAIRMAN: That is  
19 right. There is now a very well established government  
20 policy to restrict dangerous substances.

21 Thalidomide is another  
22 example.

23 THE PUBLIC: Was there a  
24 precedent set?

25 THE CHAIRMAN: The policy  
26 is established. I mean, that is one of things we are  
27 to look at.

28 THE PUBLIC: One of the  
29 things is not --- as far as a lot of the people are  
30 concerned, is not the harmfulness of the drug, it is



1 the social acceptability of it, where in Canada, alcohol  
2 is a socially acceptable drug, whereas in the Eastern  
3 countries, alcohol is the killer drug which causes  
4 dementation --- degeneration and various things, and  
5 marijuana and hashish are the socially acceptable drugs

6 THE PUBLIC: (portion inaudible)  
7 socially acceptable in our society can be very slim too.  
8 Cyclamates were very quickly removed.

9 THE PUBLIC: Cyclamates were  
10 put into our food without our choice or anything. If  
11 you went into a store and bought some food, you got  
12 cyclamate whether you wanted it or not.

13 THE PUBLIC: That is not  
14 true. You didn't have to buy diet Pepsi. You could  
15 buy ordinary Pepsi.

16 THE PUBLIC: Yes, but you  
17 didn't know what was in it.

18 THE PUBLIC: It states right  
19 on the label.

20 THE PUBLIC: Yes, but how  
21 did you know unless you were a chemist or something.  
22 You wouldn't know what was wrong or whether it could do  
23 any harm to you.

24 THE CHAIRMAN: This is a  
25 group of college students, but what are your views on  
26 the effect --- possible effects of non-medical drug  
27 use on the younger developing personality? The question  
28 has been raised for us that non-medical drug use may  
29 have a very important serious effect on the development  
30 of the personality of the young. And now, the use seems





1 to be spreading among younger age groups. Do you have  
2 any views from your own experience and understanding of  
3 this? What would your own feelings be? Many people  
4 have said to us even urging the legalization, that there  
5 should be an age limit. What are your own feelings  
6 about this?

7 THE PUBLIC: On certain drugs  
8 there should, because I have seen a couple of ten year  
9 old girls who were fairly whacked on acid and it was  
10 really pathetic, because they didn't --- they had no  
11 idea of what was happening and they were coming down ---  
12 they had been gone like that for about two days and  
13 they just weren't coming down. It was pretty  
14 pathetic. And this is something which I am against, and  
15 this is one reason why I would like to see some of these  
16 drugs legalized and put under Government control so the  
17 chances of getting them into the hands of the young are  
18 decreased. Because there are certain people who are  
19 selling these drugs on the street who have got no ---  
20 you know, they don't care who they go to as long as  
21 they get the money for it, and this is a bad attitude  
22 to take. The control thing, what would be nice, is if  
23 they set up things like our beverage rooms where people  
24 could go and smoke marijuana or hashish, or certain  
25 places where they could go and take LSD.

26 THE PUBLIC: Ninety-five in  
27 a clinical atmosphere? Doesn't it have to be nice and  
28 smokey, and don't you have to be with your friends?

29 THE PUBLIC: They have got  
30 two open houses in Amsterdam.



1 THE PUBLIC: You can go there  
2 twenty-four hours a day, and if you wish to, you can  
3 stay as long as you want to.

4 You see, a lot of these drugs  
5 have got some use. Like with the --- well, again in Asia,  
6 the opium and heroin --- well opium to a large extent,  
7 is used on the old people. They put the old people in  
8 opium dens like they put our aged in old folks homes, and  
9 they just put them in there and they smoke away their  
10 lives, and the family pays for their keep, and they just  
11 sort of die happily.

12 MR. CAMPBELL: A very large  
13 number of these countries in the East where cannabis  
14 was accepted, have now made cannabis use illegal.

15 THE PUBLIC: This is --- it  
16 is partly due to the U.S. Like, the big thing with  
17 Harry Anslinger and like all of the stories ---

18 MR. CAMPBELL: Some of the  
19 countries are rather anti-American.

20 THE PUBLIC: Yes, but still,  
21 I think it is something that is just thrown at them,  
22 all of these supposedly medical facts, and people no  
23 matter how anti-American they are, they come and look at  
24 it and if they don't know anything about the drugs, they  
25 are going to say, "Well, these are very harmful."

26 THE PUBLIC: That is probably  
27 not the reason at all. It has a lot to do with Congress.  
28 But when individuals are extremely free inside their  
29 own lives, you might say, or free physically, and progress  
30 for a large nation is very slow, because you have to





1 restrict people in order to get to a place, and I think  
2 you are talking about China.

3 MR. CAMPBELL: Well, a number  
4 of African states.

5 THE PUBLIC: Well, but this  
6 whole idea of progress, and this is why probably more  
7 is said on the medical facts, which probably couldn't  
8 interest them anyway.

9 THE PUBLIC: One of the  
10 reasons these countries are behind is because of the  
11 white European segment of our population, which in  
12 previous times during the Crusades and everything went  
13 in to these countries, took --- you know, took the  
14 whole population in servitude, took away all their basic  
15 human rights and emotions and everything, and then they  
16 withdrew and left them there with nothing.

17 THE PUBLIC: That seems to be  
18 beside the point in the general discussion on drugs  
19 though.

20 THE PUBLIC: It is one of the  
21 things that is stated about drugs, that these countries  
22 (portion inaudible) and it is not to a large --- well,  
23 it is to some extent ---

24 THE PUBLIC: I agree with his  
25 point over there, that, you know, the whole concept of  
26 modernizing and westernizing and industrializing an  
27 underdeveloped country, the idea that hashish should  
28 therefore be illegal, that would appeal very much to the  
29 leaders of the country that are attempting to westernize  
30 and industrialize and modernize. If for no other reason



1 | because they too, like the authorities in the United  
2 | States, associate hashish with degeneration and, you  
3 | know, with the lower classes and backwardness, you know,  
4 | a matter of copying the Western world.

5 | DR. LEHMANN: But would you  
6 | also then say as this gentleman did, that if any nation  
7 | wants to make progress in the modern Western sense, it  
8 | has to do so at the price of the restriction of individual  
9 | liberty. And the implication, if I got it right, was  
10 | drugs might increase individual liberty, therefore they  
11 | would have to be restricted in order to restrict individual  
12 | liberty so that progress can be made on a national level?  
13 | Would you agree with this?

14 | THE PUBLIC: Not exactly. My  
15 | point is slightly different than that. Well, I went to  
16 | Mexico this winter and the situation with marijuana  
17 | there is that the upper classes, the government and so  
18 | forth are very much against it, and they are trying to  
19 | get rid of it. It is accepted among some segments of  
20 | the relatively lower classes, but you get the impression--  
21 | I did, that the reason for the authorities, for the  
22 | government being against it, is basically the same in  
23 | the United States. They believed that it degenerates  
24 | the morals of the youth, and it is not in keeping with  
25 | their vision of a developed nation which they want to  
26 | present, or a developing nation.

27 | MR. STEIN: That is a bit  
28 | confusing, because I often heard it stated that the  
29 | leaders of countries which are underdeveloped, are  
30 | going to stand the best chance of maintaining their



1 control over the country as long as the people who are  
2 uneducated and unskilled and unaware, remain uneducated,  
3 unskilled and unaware. Why would the leaders of an  
4 underdeveloped country seriously want ---

5 THE PUBLIC: If your country  
6 is uneducated and etc., etc., your country will remain  
7 underdeveloped and it will not progress. And if he  
8 wants to have --- if he wants to progress, if he wants  
9 to westernize and modernize, and if he leaves his  
10 people illiterate and uneducated, they will get nowhere  
11 and they will remain a poverty-stricken country, and so  
12 he wants to educate them; but then he runs into the  
13 problem of when he educates them they become a little  
14 bit smarter and maybe they don't like him any more, so  
15 he runs into a place where he doesn't know whether he  
16 wants them any smarter, because he would lose control or  
17 whether he has to progress more.

18 Do you see what I mean? Like  
19 he can't leave the people illiterate because then he  
20 won't progress.

21 MR. STEIN: Could I ask a  
22 question that goes back to one before regarding  
23 the individual to do with his body what he wants to.  
24 What would your view here be about the use of drugs that  
25 might be shown to have some damaging effect genetically,  
26 where it certainly might be shown. Is there any view  
27 on this? In other words, do you see the individual as  
28 having any responsibility regarding the intake of a drug  
29 if there was this possibility that there could be a  
30 carry-on to other generations?





1 THE PUBLIC: Do people drink  
2 coffee? Caffeine will split your chromosomes a lot  
3 quicker than--I imagine you are referring to acid?

4 MR. STEIN: I am not ---  
5 what I am talking about is not whether splits your  
6 chromosomes or not. If a drug is demonstrated to have  
7 an effect which is bad and genetically that appears to  
8 be physically damaging, whatever that may be, whatever  
9 that effect might turn out to be, and I am not referring  
10 to what I think you are referring to---

11 DR. LEHMANN: This is  
12 hypothetical.

13 MR. STEIN: I agree it is  
14 hypothetical.

15 THE PUBLIC: Am I my  
16 brother's keeper?

17 THE PUBLIC: It is a matter  
18 of degree. There are many drugs which show some slight  
19 tendency to cause mutation in the children. That is  
20 what he was getting at. My personal opinion is that  
21 any drug clearly shown to cause a significant percentage  
22 of mutations, should be illegal. It should be considered  
23 a poison.

24 THE PUBLIC: Like, you are  
25 going to say genetically because they cause mutations,  
26 but then what about the way you are continuing a lot  
27 of inheritable diseases with medicine, like take  
28 diabetes or several other of the inheritable diseases.  
29 Like some people live longer, reproduce, and it is  
30 carried through the genes, carried out through the



1 | population of the world. Are you going to say these  
2 | people can't reproduce because their tendencies are  
3 | spreading out through the gene pool of the world? Like  
4 | it is very similar.

5 | THE PUBLIC: It is obviously  
6 | a different case though.

7 | THE PUBLIC: No, but like ---

8 | THE PUBLIC: You know, genetics  
9 | is strictly apart from restricting a drug, which is known  
10 | to cause genetic defects. I don't really see that there  
11 | is any close connection.

12 | THE PUBLIC: Okay. This other  
13 | way you are causing, in that you are continuing the life  
14 | of a person.

15 | THE PUBLIC: But continuing  
16 | the life of a person is a definite, positive thing.

17 | THE PUBLIC: It has its  
18 | negative aspects in that you are spreading ---

19 | THE PUBLIC: I don't see  
20 | anything about legalizing a drug which is known to cause  
21 | harm.

22 | THE CHAIRMAN: Excuse me. I  
23 | didn't ask whether the law students here who made a  
24 | submission, who are present, who made a submission,  
25 | would like to speak to the Commission. Are they here,  
26 | the students who filed a submission with us? We haven't  
27 | had an opportunity to read it.

28 | THE PUBLIC: Also, Mr. Chairman,  
29 | there might be some people here from the College of  
30 | Pharmacy who this last year have started a drug information





1 pool system. I was wondering if any of them were  
2 here. I contacted them about a week ago and asked them  
3 to bring their display, but they are not here, and  
4 they didn't bring their display.

5 THE CHAIRMAN: Okay, the next  
6 question ---

7 THE PUBLIC: Some of us are  
8 here but not with the display. We weren't sure if it  
9 would be of any use to you. We have it over at the  
10 college, though, if anyone would like to see it.

11 THE PUBLIC: Could you tell us  
12 what you have been doing and what you will be doing in  
13 the coming year, and with regards to the drug information?

14 THE PUBLIC: What we have  
15 done in the past year, we have a bunch of pharmacist  
16 students and we got together and we pooled a bunch of  
17 information from different sources about the non-medical  
18 use of drugs. Some of its side effects, its harmful  
19 effects, some of its possible side effects and ones  
20 that aren't proven yet. And we have talked to people  
21 who have used drugs; we have been out listening to what  
22 kids have to say and when we had all that information  
23 sort of compiled, it went out to high schools, business  
24 groups, men's clubs who wanted to know something about  
25 it, and we just sort of gave a medical viewpoint. It  
26 wasn't maybe a personal view point, it was a medical  
27 viewpoint and we are going to carry on as much as we  
28 can next year.

29 THE PUBLIC: We got a  
30 write-up in the Green and White University of



1 | Saskatchewan Alumni Association as to what we have been  
2 | doing, and I will turn it over to you. I was here also,  
3 | like, to pass on a couple of other things which the  
4 | Student Union is considering going into. We are hoping  
5 | this fall to be able to present a drug information hand-  
6 | book, something along the lines of the birth control  
7 | information handbook which we received from the McGill  
8 | University Student's Union this past fall. If we can  
9 | get this edited over the summer and of sufficient quality,  
10 | we hope to be able to distribute it next fall. Also  
11 | another concept that has come out of the Administration  
12 | Building is the concept of the University with all its  
13 | facilities and resources acting as a quality control  
14 | agent for all types of unknown substances, whether they  
15 | be supposedly drugs or what-have-you, and if the  
16 | Government isn't going to recognize the fact that people  
17 | are taking drugs per se, then perhaps the universities  
18 | should become involved in the area of quality control,  
19 | to be sure that they are not getting any toxic or harmful  
20 | substances included in the products that they are buying  
21 | from the pushers. So this is just another concept. There  
22 | will be many, many problems both legal and otherwise.

23 | MR. STEIN: When you say  
24 | quality control, do you mean in distribution?

25 | (portion inaudible)

26 | THE PUBLIC: There are a lot  
27 | of people who are passing things off, they are selling  
28 | LSD which strychnine and various other things which are  
29 | definitely dangerous and it also makes you very sick.

30 | THE CHAIRMAN: Gentleman over



1 | there?

2 |                               THE PUBLIC: I have a couple  
3 | of points which maybe don't relate too much to what has  
4 | been said already, that I thought of bringing up. First  
5 | of all, if you decide to recommend to the government  
6 | the legalization of marijuana, you will be faced with  
7 | the problem of how to obtain supplies, and I would  
8 | suggest one way would be to legalize home growing of it.  
9 | This would eliminate the problem of where you are able  
10 | to buy it from.

11 |                           The other thing, I think that  
12 | there is a large tendency, especially among officers  
13 | of the law, to speak of marijuana, LSD and other drugs  
14 | all in one breath and make no distinction among them,  
15 | and I think this is very dangerous. Because what  
16 | especially young people hear about drugs is from the  
17 | press, reported from what law people have said, that  
18 | drugs --- marijuana and LSD, were this, and I think this  
19 | is a dangerous tendency. Because if no distinction is  
20 | made between the two drugs by people who should know  
21 | better, then you can't expect young people who don't  
22 | know better to understand that there is a very real  
23 | distinction.

24 |                           THE PUBLIC: Another point  
25 | with the --- if cannabis were legalized, it would also  
26 | help boost our economy, because then a farmer could  
27 | plant one acre of land in hemp and it would help subsidize  
28 | his farm. It would also boost our tourist trade fan-  
29 | tastically.

30 |                           THE PUBLIC: Would that be the





1 same as putting it into forage where you get \$10.00 an  
2 acre?

3 THE PUBLIC: You would  
4 probably get \$10,000.00 or \$20,000.00 an acre .

5 THE PUBLIC: Then you might  
6 have to put it on the quota system.

7 THE CHAIRMAN: We have to be  
8 back at the Centennial Centre at 2:30 P.M. and you no  
9 doubt have things you have to do, and I think that  
10 perhaps I should adjourn the hearing now.

11 Thank you very, very much  
12 for giving us the benefit of your views.

13 Thank you.

14 --- Upon adjourning  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30









CA1  
Z 1  
-69N21

COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

Centennial Centre  
Saskatoon, Saskatchewan  
April 10, 1970.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary <sup>↓</sup> ,
J. Peter Stein,	Member.

RESEARCH:

Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

Centennial Centre  
Saskatoon, Saskatchewan  
April 10, 1970.



1 --- Upon commencing at 9:45 a.m.

2  
3 THE CHAIRMAN: Ladies and  
4 gentlemen, I call this hearing of the Commission  
5 of Inquiry into the Non-Medical Use of Drugs to  
6 order.

7 I should like to introduce  
8 the members of the Commission and our staff who  
9 are here today. On my extreme right, Dean Ian  
10 Campbell of Montreal; on my immediate right, Dr.  
11 Heinz Lehmann of Montreal; I am Gerald LeDain; on  
12 my left is Mr. James Moore, Executive Secretary  
13 of the Commission; on Mr. Moore's left, J. Peter  
14 Stein, a member of the Commission from Vancouver.  
15 We regret that another member of the Commission,  
16 Professor Marie Andrée Bertrand of Montreal, is  
17 unable to be with us at this hearing.

18 At the table on the left,  
19 Mrs. Vivian Luscombe, my secretary on the Commission;  
20 Dr. Charles Farmilo, Research Associate of the  
21 Commission.

22 I should like to begin by  
23 reading a statement which gives some idea of the  
24 background of the Commission's appointment, its  
25 terms of reference, and the manner in which it  
26 views its task and the role of these public  
27 hearings.

28 "The Commission of Inquiry  
29 into the Non-Medical Use of Drugs was appointed by  
30 the federal government on May 29th last year, upon





1 the recommendation of the Hon. John Munro, Minister  
2 of National Health and Welfare,

3 The Commission has an indepen-  
4 dent status under Part 1 of the Inquiries Act.

5 The concern which gave rise  
6 to the appointment of the Commission is described  
7 in Order in Council P.C. 1969-1112, which  
8 authorized the appointment in the following words:

9 "...there is growing concern in Canada about the  
10 non-medical use of certain drugs and substances,  
11 particularly those having sedative, stimulant,  
12 tranquilizing or hallucinogenic properties and  
13 the effect of such use on the individual and the  
14 social implications thereof. Within recent years,  
15 there has developed also the practice of inhaling  
16 of the fumes of certain solvents having an hallucino-  
17 genic effect, and resulting in serious physical  
18 damage and a number of deaths, such solvents being  
19 found in certain household substances. Despite  
20 warnings and considerable publicity, this practice  
21 has developed among young people and can be said  
22 to be related to the use of drugs for other than  
23 medical purposes.

24 Certain of these drugs and sub-  
25 stances, including lysergic acid diethylamide, LSD,  
26 methamphetamines, commonly referred to as "Speed",  
27 and certain others, have been made the subject of  
28 controlling or prohibiting legislation under the  
29 Food and Drugs Act, and cannabis, marijuana, has  
30 been a substance, the possession of or trafficking



1 in which has been prohibited under the Narcotic  
2 Control Act. Notwithstanding these measures  
3 and the competent enforcement thereof by the  
4 R.C.M. Police and other enforcement bodies, the  
5 incidents of possession and use of these  
6 substances for non-medical purposes, has increased  
7 and the need for an investigation as to the cause  
8 of such increasing use has become imperative."

9 In announcing the Commission's  
10 appointment the Minister of National Health and  
11 Welfare spoke of the "grave concern felt by the  
12 government at the expanding proportions of the use  
13 of drugs and related substances for non-medical  
14 purposes."

15 The terms of reference defining  
16 the Commission's inquiry into the non-medical use  
17 of psychotropic drugs and substances mention seda-  
18 tives, stimulants, tranquilizers and hallucinogens.  
19 For the present, the Commission understands "drug"  
20 to mean any substance which chemically alters  
21 structure of function in the living organism, and  
22 "psychotropic" drugs as those which alter  
23 sensation, feeling, consciousness and psychological  
24 or behavioural functions. The Commission has tenta-  
25 tively defined "medical Use" in terms of generally  
26 accepted medical practice -- under medical super-  
27 vision or not. All other use is "non-medical use".

28 By itself, a prescription  
29 does not distinguish medical from non-medical  
30 use. A non-prescription drug like aspirin may be





1 taken for medical use. Or a prescription drug may  
2 be taken for generally accepted medical reasons,  
3 then no longer required.

4 The Commission is invited by its  
5 terms of reference to "marshal...the present fund  
6 of knowledge concerning the non-medical use of  
7 sedative, stimulant tranquilizing, hallucinogenic  
8 and other psychotropic drugs or substances."

9 But since an interim report is  
10 expected shortly, and a final report within two  
11 years, the Commission will have to be selective.

12 It must consider what appear to  
13 be the principal issues which led to its appointment.

14 The Commission has the initial  
15 impression that its primary focus must be on the  
16 non-medical use of drugs by the young and by adults  
17 as it relates to or affects the use of drugs by  
18 youth.

19 The Commission has drawn up a  
20 preliminary classification of psychoactive drugs,  
21 which falls into the following eight categories:  
22 hypnotics-sedatives; stimulants; psychedelic-  
23 hallucinogenics; opiates-narcotics; volatile solvents  
24 and gases; analgesics (non-narcotic painkillers),  
25 clinical anti-depressants; and major tranquilizers.

26 The Commission sees its primary  
27 emphasis on the following categories:

28 1. The psychedelic-hallucino-  
29 genic, which includes cannabis (marijuana and hashish)  
30 LSD and mescaline and the other "restricted drugs"



placed under the new schedule J of the Food and Drugs Act: DMT, STP (DOM), and DET;

2. the stimulants, including such amphetamines as benzadrine and methadrine -- generally referred to as "speed";

3. the volatile solvents and gases -- often referred to as "delirients", such as glue, nailpolish remover, and paint thinner;

4. the sedative-hypnotics such as the barbiturates (used as sleeping pills), the minor tranquilizers, and ethyl alcohol;

5. the opiate-narcotics such as heroin.

Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the Commission to regard the non-medical use of alcohol and nicotine in their relation to the non-medical use of other psychotropic drugs. This is also the Commission's position, at least initially, on the non-medical use of the opiate-narcotics such as heroin.

These so-called "hard drugs" are not excluded from the terms of reference, because they do have psychotropic properties. But as with alcohol and nicotine, the Commission cannot hope to do justice to the extensive



1 literature on the subject. The "hard drugs" are  
2 therefore to be examined in their possible relation-  
3 ship to the non-medical use of the "soft drugs."

4 Two contentions brought to the  
5 Commission's attention may illustrate what is  
6 meant by "relationship" to the non-medical use of  
7 soft drugs.

8 The first contention is that  
9 extensive social use of alcohol not only creates a  
10 permissive climate of drug use but also  
11 reflects a provocative injustice and even hypocrisy  
12 in our legislative and law enforcement attitudes.  
13 The second contention is that the use of certain  
14 soft drugs like cannabis (marijuana) leads very  
15 often, if not generally, to hard drug addiction.

16 What are the issues in this  
17 inquiry? The Commission must investigate the  
18 extent of the non-medical use of mood-modifying  
19 drugs in Canada. That means the pattern of drug  
20 use; the drugs and various groups or populations  
21 involved according to age, occupation, etc.; the  
22 movement from one drug to another.

23 The Commission must investigate  
24 physical and psychological effects of these drugs,  
25 effects on behaviour of the individual concerned,  
26 effects on others and effects on society. Finally,  
27 and by no means least important, the Commission must  
28 investigate the reasons for the non-medical use of  
29 drugs -- not only the personal reasons or motivation  
30 but the social, educational, economic, philosophic





1 and other reasons. In other words what is the  
2 meaning or larger significance of this phenomenon?  
3 What is the true nature of the challenge it  
4 presents to our civilization?

5 It is imperative that  
6 we have the views of as many Canadians as possible.  
7 This is not solely a technical question for experts;  
8 it is a broad social issue, going to the very  
9 nature of human existence in our time. It is a  
10 question<sup>to</sup>/which everyone can contribute a measure  
11 of insight and wisdom.

12 Now I should just like to  
13 say a few words about the manner in which we  
14 proceed at these public hearings, and I might  
15 mention that public hearings are of course,  
16 only one of the methods of inquiry which we are  
17 following. We have private hearings and we are  
18 empowered to take testimony anonymously and to  
19 withhold the identity of people who want to  
20 speak privately to us and we will offer an  
21 opportunity for this at the conclusion of our  
22 public hearing today for anyone who may want  
23 to take advantage of it. We, of course, also  
24 are consulting with experts and doing commissioned  
25 research.

26 But we do feel very strongly  
27 that these public hearings are of great importance  
28 to us, assistance to us, in identifying the  
29 issues and getting an understanding, developing  
30 an understanding of this phenomenon as Canadians



1 experience it and see it. And in order to  
2 develop a sense of what is practical and feasible  
3 by way of social response to this phenomenon  
4 we must make contact with as many Canadians as  
5 possible and we have tried to develop<sup>this</sup>/in these  
6 hearings through public forum and so we have  
7 conducted them in somewhat a formal manner.  
8 So we have heard formal submissions<sup>from</sup>/those  
9 seated at the table and at the conclusion of  
10 the formal submission there follows an opportunity  
11 for comments and questions including interventions  
12 from anyone present and that is why we have placed  
13 these microphones here. So everyone else here  
14 should feel free, and we would hope they would  
15 feel free to give us the benefit of their views.

16 So I will now call upon  
17 Dr. S. Banik who is a clinical psychologist at  
18 the University Hospital.

19 Is Dr. Banik here? If you  
20 would like to be seated at the table Dr. Banik.

21 DR. BANIK: Mr. Chairman,  
22 I have a very lengthy report, about 64 pages.  
23 How much time am I allowed?

24 THE CHAIRMAN: You are under  
25 no time pressure whatever, Doctor, and you should  
26 take your time.

27 DR. BANIK: Thank you.

28 THE CHAIRMAN: We would  
29 like to get the benefit of your views as fully  
30 as you feel you should give them to us.





1 I assume you will sort of speak to the report.

2 DR. BANIK: Yes. And I  
3 would mention I would welcome at any time any  
4 interference, any questions, any challenge.  
5 If I can, <sup>I will</sup> answer them; if not perhaps you can  
6 help me out.

7 DR. BANIK: Mr. Chairman,  
8 ladies and gentlemen and my young friends, as  
9 we all know this is one of the most emotional,  
10 sentimental and illogical problem which is  
11 surrounding us today: the drug, that is, the  
12 non-medical use of drugs. After the invention  
13 of atom bombs, nothing has caused so much concern  
14 to the whole world than the danger of increasing  
15 abuse of drugs during the recent times. In recent  
16 times, we have witnessed the appearance and increas-  
17 ing resort to new stimulants, new sedatives and  
18 new and powerful hallucinogenic drugs. According to  
19 the U.N. Commission on Narcotic Drugs, as well as  
20 news and communication media, the non-medical con-  
21 sumptions of Barbiturates ("Barb", "goof Balls",  
22 "yellow jackets", "sleeping pills", "red devils",  
23 "nembies", "blue heavens", "green dragons",  
24 "downers", "red birds", "pheenies", "tooies", etc.)  
25 Cocaine ("cecil", "charlie", "snow", "sleighride",  
26 "coconut", etc.), Amphetamines ("pep pills",  
27 "jolly beans", "A", "uppies", "bennies", "bambinoes"  
28 "eye-openers", "wake-ups", "jogs", "dexies", "sex",  
29 "speed", "bottles", "crystal", "footballs", "hearts",  
30 "truck-drivers", "co-pilots", "crossroads",



"Christmas trees", "crank" "meth", etc.), Heroin ("H", "dynamite")-that is really dynamite, ("junk", "stuff", "scag", "smack", "harry", "needle", "horse", etc.), morphine ("mary", "white", "mojo", "morph", etc.), Opium ("hop", "high Hat", "button", "tar", "penyen", etc.), Glue Sniffing ("solvent" "jelly", "automobile", etc.), and psychedelic drugs such as Marijuana ("smoke", "grass", "pot", "greifo", "hay", "boo", "weed", "tea", "stick", "reefer", "mary jane", "mary warner", "broccoli", etc.), Hashish ("hash", "bhang", "ganja", "charas", "raisin", "hashan", "gum", etc.), LSD ("acid"), Morning Glory Seeds ("heavenly blue", "pearls", "pearly gates"), Peyote, Mescaline and STP, etc., have assumed epidemic proportions among the people, especially the youth around the world. The people who indulge in "booster" and "psychedelic" drugs tend to claim that marijuana, hashish, LSD, mescaline, amphetamines, fill them with joy and rapture and enrich their inner life.

The above mentioned psychedelic drugs have the potentiality of altering and expanding the mind or consciousness. The effects of these drugs are multifold and the effects generally depend upon the type of psychedelic drugs, the dose, and the mental state and personality makeup of the individual. Some people may experience a good trip, some a bad trip and some no experience at all whether good or bad. Of the psychological effects of these drugs, the



following can be summed up: changes in all the areas of sensory perceptions including visual, tactile, olfactory, auditory, gustatory and kinaesthetic; changes in experiencing time and space (a given time interval is experienced as being greatly extended and to pass slowly); sensation of floating in the air; changes in the rate and content of thoughts; body images change; illusions and hallucinations; vivid imagery - eidetic images - seen with the eyes closed; increased sensitivity to and appreciation of emotional context of sound, color, touch and smell; heightened suggestibility; enhanced recall or memory; depersonalization and losing of ego boundary; derealization; dual, multiple and fragmental consciousness, seeming awareness of internal organs and process of the body; upsurge of unconscious materials; enhanced awareness of linguistic nuances, increased sensitivity to non-verbal cues; sense of capacity to communicate better by non-verbal means, sometimes including the telepathy and ESP; feelings of regression; increased urge to be close to the member of opposite sex; concern with philosophical, cosmological, mystical and religious questions; thought processes are disturbed with difficulty in concentration, vagueness, pressure of ideas and a firm belief that the subject has attained an intellectual brilliance approaching genius, with attendant stunning insight into his own personality and a conviction that the dilemma of existence and





1 earthly suffering has been solved. Some of the  
2 derived solutions to social and world problems  
3 may be absorbed into the general philosophy of the  
4 psychedelic cult, that is "turn on, tune in and  
5 drop out" and "love to all, indiscriminately".  
6 In general, apprehension of a world that has slipped  
7 the chains of normal categorical ordering, leading  
8 to an intensified interest in self and world and  
9 also to a range of responses moving from extremes  
10 of anxiety to extremes of pleasure.

11 Now before I go into the  
12 details of why the people use these drugs, it  
13 will be wiser at this point to deal on some of  
14 the historical background of this drug abuse.  
15 Historically, most of the hallucinogens have  
16 been employed in folk medicine, in religious  
17 ceremonies and also socially or by individuals  
18 to produce altered states of consciousness or  
19 improved moods. At present, marijuana or cannabis  
20 is used in Asia in traditional medicine, peyote  
21 and some mushrooms are employed in healing and  
22 religion by West Coast American Indians and LSD  
23 and related pharmaceutical preparations are being  
24 used for the treatment aids of different types  
25 of mental or emotional illnesses.

26 When we look at the historical  
27 and anthropological evidence, certain trends in  
28 the use of drugs emerge. In the first place,  
29 almost every society known to man have used one or  
30 more psychoactive drugs (alcohol included).



1 Secondly, small societies or tribes which are  
2 themselves stable or well-integrated appear to  
3 use these drugs without ill effects. Use in  
4 such settings is likely to be religious or  
5 ceremonial or virtualistic. In spite of these  
6 formal purposes in use, even in small tribes  
7 individuals seem to enjoy drugs and to find that  
8 drugs can alleviate distress and facilitate  
9 sociability. Nevertheless, tribal use is almost  
10 always controlled by custom and by the presence  
11 of others. As societies have become more complex,  
12 especially as agricultural societies became urban  
13 or small tribal groups experienced the impact  
14 of contact with new cultures, changes in drug use,  
15 in effects and in appraisals of drug significance  
16 came into attention or focus.

17 The habit of opium smoking  
18 seems to have dated from the end of the 17th  
19 Century. This practice appears to have been  
20 introduced in China from two directions, that is  
21 from Java and Formosa in the East and from India  
22 in the West. The first "opium war" , 1839 - 1843  
23 which brought Great Britain and China into  
24 conflict as the result of the Chinese Government's  
25 decision to forbid the importation of opium, can be  
26 considered as the beginning of the spread of opium  
27 addiction in that country which soon took on  
28 tremendous proportions.

29 The best known and widely used  
30 natural hallucinogen is cannabis savita or Indian



Hemp. In the year 2737 B.C., the Emperor Shen Nung compiled a pharmacopoeia, a pharmacy book in which he included the Indian Hemp, or marijuana which we generally call it. It was used for the treatment of a great many conditions such as gout, rheumatism, beri-beri, constipation, absent mindedness and women's disease. In ancient China, the drug was known as "the delight giver". From there it spread to India where it was called "the heavenly guide" or the soother of grief and "the poor man's heaven". To some Hindus, in India cannabis was a holy plant brought from the ocean by the God Shiva and used as an adjunct to religious meditation. In later Mohammadan circles, it was considered by some sects as an embodiment of the spirit of a prophet and still later became a virtual God among some central African tribes. From India the knowledge of cannabis savita diffused to Middle East and it was from that region that the West first learned about it. The term "hashish" has a very interesting origin in the history of the Middle East. In the 11th Century, a Shi's Islamite Sect known for the relish with which they brutally killed their enemies became the most feared band of assassins in the Middle East. Their leader, Hasan Sabah, distributed Indian Hemp or cannabis to the men as a reward for their brutal activities. This eventually became known as "hashish" that is "the gift of Hasan". A man who was high on the weed was called hashashin.





The first non-literary, scientific examination of cannabis was made by the British in 1894 under the British East Indian Drug Commission Study. The study concluded that there was no evidence whatsoever of any weight regarding mental and moral injury from the moderate use of the drugs.

Towards the end of 1938, Mayor La Guardia of New York requested the help of New York Academy of Medicine on the question of the effects of marijuana on man and of the extent of its use. This document is unique and of particular interest in the field of literature on cannabis not so much because of its scope or contents but because of the extreme reactions that this publication produced. Generally those who are strongly opposed to the popular use of marijuana, particularly people involved in law enforcement, have accused it of being unscientific and socially harmful; those who are equally strongly in favour of freedom of use of the drug, have accepted it as their gospel. The committee -- that is the New York Committee found that the use of marijuana by the New York school children was not widespread; that the drug per se, did not produce any aggressive or criminal behaviour or sexual excesses; there was no evidence of physical or mental deterioration in chronic users and that there was no evidence of addiction since the habit could easily be given up without the



1 production of withdrawal symptoms.

2 In reaction to the above study  
3 on marijuana, Wolff in 1949 published a monograph  
4 whose English translation was sponsored by the  
5 Washington Institute of Medicine and whose forward  
6 was written by Harry J. Anslinger, the U.S. Commis-  
7 sioner of Narcotics and U.S. Representative on  
8 the U.N. Commission on Narcotic Drugs. Wolff  
9 expounded the view that marijuana not only  
10 exaggerates criminal tendencies already present  
11 in the individual but it can also create criminal  
12 attitudes and acts. There is an example in that  
13 study that a boy under the influence of marijuana  
14 dreamt that he had killed his step father and  
15 surrendered to the police. That is to say, no  
16 crime was actually committed. Anyway I do not  
17 think I will go through all these things. Now  
18 I will come to the most important area of  
19 concern, about why do people use drugs. Now this  
20 is not an easy question to answer. There are  
21 many reasons as we have got different types of  
22 people. Also people have different motives,  
23 different reasons for the use of drugs. Let me  
24 deal with some of them.

25 It will be timely as well  
26 as worthwhile to speculate on the possible reasons  
27 why people, especially the teen-agers, are abusing  
28 the deadly drugs.

29 Now the question arises, are  
30 they attempting to breathe in the breath of life



1 and to anaesthetize the death anxiety? Are they  
2 beset with anxieties from which the uses of drugs  
3 are simply the means of escape? Are they trying  
4 to achieve a sense of independence and defy the  
5 authority by indulging in drugs? Are they hoping  
6 to evade the challenges which face them with the  
7 coming adulthood? Or is the use of drugs a means  
8 of belonging to a group from their marginal status?  
9 Do they find that they cannot communicate to the  
10 adults because of generation gap and the drugs help  
11 them to bridge this communication barrier? Do they  
12 find their life<sup>so</sup> dull and uninteresting that they  
13 must introduce into it a little adventure, a little  
14 excitement? The answer is not an easy one and  
15 there are no answers for all these questions.

16 The use of drugs can be  
17 summarized in the following way:

18 1. The young people use drugs  
19 because of pressures and for group conformity.  
20 They feel a need "to belong" with their peer groups  
21 because of their "marginal" status. They may be  
22 afraid to take them or may not want to use drugs  
23 but they are forced into it by the standards of the  
24 group. They feel that if they do not use drugs  
25 they just won't be "cool". Their dependency needs  
26 are met with their being dependent on the peer  
27 group.

28 2. Some people use drugs to  
29 achieve some kind of security by belonging to a  
30 group and avoiding social ostracism. They think





1 it is a "hip" thing to do. It might appear to them  
2 as a fad. You just do it because it is<sup>an</sup>/"in"  
3 thing to do.

4 3. To some, use of drugs  
5 serves as an escape mechanism. Reality to them  
6 is too painful and too threatening. Under the  
7 influence of drugs they feel fulfilled. They  
8 attempt to escape temporarily from problems  
9 involving work, sex, career, family or inter-  
10 personal relationships.

11 4. The reasons why the  
12 university students use drugs can range from  
13 mere curiosity to complete escape, with many  
14 more complex reasons in between. These students  
15 in late adolescence or early adulthood are in the  
16 process of sorting out from among various possible  
17 identities the ones that fit into their interests,  
18 values and capabilities. Their purpose in using  
19 drugs is often more specifically "to gain  
20 psychological insight." To them psychedelic drugs  
21 are the "source of energy that is to transform  
22 human intelligence and consciousness".

23 5. Some people might use  
24 drugs as a means of overcoming social inadequacy  
25 or incompetency. By using drugs they might feel  
26 freer to express their thoughts or feel part of  
27 the group.

28 6. Many claim to use drugs for  
29 many of the problems confronting society such as  
30 alienation of the individual from his culture,



1 value conflicts, man's search for truth and  
2 happiness (a search which in modern times seems  
3 to have lost meaning because of war, political  
4 strife, poverty, religious controversy, racial  
5 discrimination, etc.). In the midst of all  
6 these, man, the reasoning animal, is trying to  
7 find meaning in life. Is it little wonder then,  
8 that a portion of these searchers for truth and  
9 happiness have found an outlet - an escape  
10 route: that is, the psychedelic drugs. It may  
11 not be the answer to many of them but it is at  
12 least a temporary release.

13 7. Some people use drugs as a  
14 religious ritual or as revelations as it is  
15 quite prevalent among Hindus in India and among  
16 many American Indian Tribes.

17 8. The philosophical or  
18 intellectual types of people claim that they  
19 use drugs as a window for emotional and  
20 spiritual enrichment hoping that psychedelic drugs  
21 will act as a catalyst needed to give new  
22 meaning and direction to life.

23 9. Some use drugs with the  
24 belief that they will expand their minds,  
25 experience new dimensions of thought and become  
26 more aware of their environment which would be  
27 unattainable under ordinary circumstances. To  
28 some the time distortion under the influence of  
29 drugs is a very unique pleasant experience. Drugs  
30 also increase the pleasure derived from other



1 experiences and sensations such as music,  
2 conversation and love, etc.

3 10. Some people use  
4 drugs to feel less inhibited in the sexual area  
5 and not feel guilty over their promiscuous  
6 behaviour because they can easily blame the drugs  
7 for their behaviour.

8 11. Some young people use  
9 because  
10 drugs/of a feeling of resentment of their  
11 parents and their way of life, or resentment of  
12 "establishment" in general.

13 12. Many young people  
14 indulge in drugs because of the circumstantial  
15 forces of our society. For example, permissive  
16 child-rearing technique such as letting the child  
17 go into the world to inquire, to question and to  
18 solve for himself, cast free from the one-direction-  
19 al channelling of an authoritarian home environment.

20 13. Some use drugs just for  
21 the sake of kicks.

22 14. To some drugs prove  
23 to be a unique opportunity for sheer excitement  
24 of exploring the unknown. Many teen-agers use  
25 drugs as a "status symbol".

26 15. Some use drugs from the  
27 feeling that at a certain stage in life one is  
28 intelligent and mature enough to take the  
29 responsibility of decision into one's own hands.  
30 To some drugs help to fulfill aspects of life which  
were repressed or denied in earlier life.





1 16. To some, use of drugs  
2 can become a frequent topic of conversations with  
3 intimate friends; a chance to share personal  
4 experiences and secrets.

5 17. Some people use drugs with  
6 the belief that they will increase their sexual  
7 capacities and the accompanying pleasurable  
8 experiences.

9 18. A group of non-conformists  
10 use drugs as a kind of rebellion against  
11 society and the institutions society has  
12 created.

13 19. Drugs are illegal in  
14 North America. The excitement of doing something  
15 illegal, the companionship of friends who are  
16 with them against the "narcos" and the blissful  
17 "I do not care" attitude under the influence of  
18 drugs help cement these feelings, perhaps even  
19 for the satisfaction of defying the law or  
20 sneaking behind the backs, so to speak, of legality.  
21 In this way, creating a sense of achievement for  
22 having gotten away with something illegal -- really  
23 a kind of excitement to some kids.

24 20. To some, drugs provide  
25 an escape from the reality of a harsh and cold  
26 world. Drugs to them become the magic carpets that  
27 whisk away the mind into unreality. Some people use  
28 drugs as a means of overcoming feelings of  
29 social inadequacy and incompetency.

30 21. The younger people



1 especially the teen-agers, use drugs because  
2 they are basically bored with life and have  
3 nothing else to do. There is a great problem here  
4 because today's youth have so much free time and  
5 are exposed at an early age to such varied  
6 stimuli that they become bored in their  
7 adolescence.

8 22. Unfortunately, our  
9 institutions are not satisfying the basic  
10 identity needs of the adolescents, so they are  
11 turning to drugs. Adolescents are facing new  
12 problems. Firstly, there is an increasing lack  
13 of communication between teen-agers and adults.  
14 The generation gap is widening. Secondly, the  
15 adolescent has no role to play other than to  
16 attend schools and colleges. with this come  
17 postponed independence and all its frustrations.  
18 Thirdly, due to college attendance and graduate  
19 study, the period of adolescence has been  
20 extended. This has caused the distance between  
21 generations to be greater than before. Another  
22 factor is that youth has become a culture of its  
23 own, interrupting the transmission of values  
24 across the generation. Furthermore, the society  
25 and parents do not "practice" what they "preach".  
26 For example, adults can indulge in sex, alcohol  
27 and gambling but that is when they are depressed  
28 and these are supposed to be forbidden to the  
29 adolescents. So, when the adolescents become  
30 depressed they turn to the use of drugs.



So far I have discussed why people do misuse drugs. Now I come to the point, what type or types of people abuse these drugs? This is also not an easy question to answer. As there are various reasons for the use of drugs, so also, there appears to be various types of persons or personality make-ups who use drugs.

These are some of the following tentative categories:

CATEGORY 1 - The "establishment" or "the square". Under this category belong people who are born before 1940; that is, they are thirty years of age. These are the people who are sarcastically called by the hippies or yippies as the "squares", that is, those who generally govern the society.

\* CATEGORY II - The young adults who have just finished their colleges or universities and have embarked in a vocational career. They are the people who were born after 1940 and the ages range between 21 and 30 years.

CATEGORY III - The late teen-agers or the college and university group. They are the people who are born after 1945 and who are below 25 years of age. Their ages range between 18 and 24 years.

CATEGORY IV - The early and middle teen-agers. These are the high school kids who are born after 1950 and who are between the





1           age of 13 and 18 years.

2                               CATEGORY V - The pre-teenage  
3           groups born after 1955 and they are under 13  
4           years of age.

5                               The Category I can be  
6           divided into the following groups: that is  
7           the alcohol users, the prescription drug users,  
8           the professionals, the addicts, the criminal  
9           group, the intellectuals. The Category II  
10          can be divided into sub-groups, the young adults  
11          with careers, the hippies, the yippies or the  
12          flower children, the psychotropic or the hard drug  
13          users and <sup>the</sup>/pseudo hippies and the emotionally  
14          disturbed.

15                              It is in studies by Smart  
16          on the population, indicated that one out of  
17          four persons is using a sedative, tranquillizers  
18          or stimulant. It is interesting to note that  
19          the older people generally use the "downers",  
20          that is, the sedatives, tranquillizers and  
21          alcohol whereas the younger people are using  
22          the "uppies", stimulants and the mind expanding  
23          drugs. It seems from the above that the young  
24          people want to "wake-up" rather than go to  
25          slumberlance or deep-sleep.

26                              From this, it appears that  
27          ours is a pill-conscious and drug-conscienceless  
28          society. There is hardly any room in our medicine  
29          cabinet for the "Right Guard" and the "Crest"  
30          after it is packed with these so-called



essential medicines. The pill business is just booming. It is multiplying like bacteria. There are about 7000 different medications in 80,000 different colour combinations to cure 60,000 complaints. If one is good, then there are three better. There are fish oil tablets, vitamin pills, mineral pills, diet pills, sleeping pills, birth control pills, pills for stimulants, depressants, and muscle relaxants. It is not uncommon to find that a whole family, both adults and children, are swallowing pills every day. Mother takes both beauty pills, as well as, sleeping pills. Father is taking tranquillizers, as well as, stimulants. The teen-age girl is taking diet pills to shape up the figure, as well as contraceptive pills not to get pregnant. At the same time she is taking some stimulants because of low energy due to diet pills and aspirin tablets to stop headaches from all the worries and anxieties. The kiddies and children take cough medicine and baby "aspirins". So in our drug-saturated society, it is not rare to find that many adults are using a minimum of 3-5 mind altering drugs every day (coffee, tea, cigarettes, coke, alcohol, tranquillizers and stimulants.) Unfortunately during the recent times, a good number of emotionally maladjusted people are abusing drugs in the hope of solving their problems but instead they are ending up in the hospital with psychotic-like breakdown. They are also helping



us because we make some extra money. During the past three years, I have come across quite a number of cases who took different types of psychedelic or psychotropic drugs and ended up in the hospital. I also came across a number of cases who were private referrals. The psychological testing, as well as history of most of the cases, revealed an insecure, dependent and neurotic type of personality make-up with problems in the area of interpersonal relationships. Because of the nature of this brief and limitation of time, I shall only mention only a couple of cases. One of the cases concerned is a 22 year old, second year university student who was referred to me with the present symptoms of thought disturbances, intensive anxiety (panic type), suspiciousness, hallucinations, somatic complaints coupled with occasional suicidal thoughts after the ingestion of larger quantities of morning glory seeds.

The history of the boy showed that as a child he was shy and sensitive and he was considered by his classmates as "sissy" until his high school years. All through his childhood and adolescence he was over-protected and dominated by his domineering parents and grandmother. During the university years he started keeping long hair like the "Beatles" and was wearing "mod" clothing just to rebel against the restrictions of his parents because he was not





1           allowed to date girls of his choice. He did not  
2           possess any definite goals when he was in  
3           university. As a result of his lack of definite  
4           goals and his poor interpersonal relationships,  
5           he started becoming withdrawn, tense and depressed.  
6           During this time, he belonged to a "group" who  
7           were experimenting with various drugs. The  
8           patient concerned was convinced by his friends  
9           that the magic psychedelic drugs can help solve  
10          his emotional problems including a boost in his  
11          interpersonal relationship with girls. He started  
12          first by smoking marijuana which did not bring  
13          him any quick and magical results, so he moved  
14          to a stronger psychedelic drugs like morning  
15          glory seeds which brought him to the hospital  
16          with a psychotic breakdown.

17                               DR. LEHMANN: I am sorry,  
18          may I just ask, how did he get the morning glory  
19          seeds?

20                               DR. BANIK: He got them  
21          from the market.

22                               DR. LEHMANN: Not from  
23          other sources but from the seed house. How many  
24          did he take?

25                               DR. BANIK: About 650.

26                               DR. LEHMANN: Did that  
27          not make him sick?

28                               DR. BANIK: It made him  
29          very sick and he was admitted to the hospital  
30          with all of these symptoms and not only that



1 but to give further ideas about this case he  
2 had some other reoccurring experiences afterwards.  
3 Not at this time but afterwards.

4 DR. LEHMANN: Flashbacks.

5 DR. BANIK: Flashbacks.

6 DR. LEHMANN: How did he  
7 learn about the morning glory?

8 DR. BANIK: From his friends.

9 The following case is of a  
10 20 year old boy I am going to quote who was --  
11 I am making some changes in the names. This boy  
12 was asked to describe his personality and his  
13 experiences and I am quoting his verbatim  
14 reports with some minor changes in the names.

15 "Personality-wise",it is his  
16 quotation - "I think I am shy and anxious. I  
17 feel that I have a little higher than normal  
18 intelligence but sometimes feel I act smarter than  
19 I am. I wish I had a real high I.Q. and wish  
20 people would think I am smarter than I really am.  
21 I am dependent on people and get depressed some-  
22 what easily. Sometimes I feel that something is  
23 wrong with me because I have no girlfriend and  
24 find it very hard to talk to girls that I would  
25 be interested/<sup>in</sup>taking out. I feel awful lonely  
26 at times, even though I live with my family and  
27 I have some friends. I have trouble conveying my  
28 feelings and thoughts and I worry about what  
29 people think of me and things I have said or  
30 done, which may have hurt them or have been



1 misinterpreted by them.

2 The whole experience had its  
3 beginning Thursday morning, when I ran into my  
4 friend "M". He suggested that after I had my  
5 pictures for graduation taken, that we go somewhere  
6 for something to eat. Well, later on, we got  
7 together, and after him stopping off at the bank,  
8 we headed for something to eat. Instead of  
9 going somewhere, we went to his house. We sat  
10 around and talked for awhile. His room-mate  
11 "R" and "G" were also there. As we talked we got  
12 upon the subject of marijuana and hashish,  
13 whereas they told me they had some and had tried  
14 it. They told me how happy they had felt and  
15 how great it was. The only persons who had not  
16 enjoyed it was their other roommates, "W" and "M".  
17 They told me that "W" did not seem to get "high"  
18 but just sat there and seemed withdrawn. "M"  
19 said that the experience had scared him a little  
20 because he had had this idea that it was never  
21 going to end. He said that, at first, things  
22 seemed very humorous and funny to him, but  
23 suddenly he had this feeling that it was never  
24 going to end. Anyway, we talked on and on and  
25 the others kept telling how hashish made you  
26 feel. I said that I should try it sometime,  
27 to find out for myself. It was then that they  
28 said that we should smoke some right now. I said  
29 no, but questioned and carried on the conversation  
30 more. Also, I said that I would try some





1 tomorrow night, that is Friday. They said why  
2 not now? I told them that I couldn't because I  
3 wanted to go down to the Health Spa and work out  
4 later on and I had to go get my allergy shot. They  
5 thought I had made all these stories to try to  
6 get away. I had promised some friends that I  
7 would babysit for them tonight. Thus, if I got  
8 high, I felt that I would not be able to do  
9 these things for it would not wear off in time.  
10 Also, I didn't tell them, I was a little  
11 scared to try it, although my curiosity seemed  
12 to quell this. But they got up and gathered  
13 around a table and said that they were going to  
14 "do some up". I said that I wasn't. Then they  
15 said that if I didn't then they wouldn't either,  
16 since they were doing it for me. Not wanting to  
17 be a spoil sport, I said okay. We sat around a  
18 table and after getting a glass of water, for they  
19 said it made you thirsty, we started cutting it  
20 up and putting it in a pipe and smoking it. It  
21 seemed like we couldn't get any inhaled. But  
22 finally I got a couple of good swallows, but it  
23 seemed to have no affect. I kept feeling that  
24 I wish everybody else would get "high" first, so  
25 that I would not have to get "high" myself.  
26 However, when "R" picked up a glass of water to drink,  
27 it struck me funny that he was drinking and smiling  
28 at the same time. Then everybody started to  
29 laugh because they thought I was "high". But I  
30 started laughing because they thought I was



"high" but I was really not "high". But then I realized that I was high. First of all things which weren't really funny started becoming funny and I was laughing. Next, my arms felt light and my legs felt somewhat rubbery. Also, as they said, my appetite grew. We ate some ice cream, fruit etc. and went to the livingroom. They had, what is called "acid music" on, and they told me that I should be able to hear it and understand it better. However, the music didn't seem to appeal to me and I wondered if maybe it was because my "high" was -- because I was "high". I felt tremendously tired and so I sat down. The room seemed to be jarring, that is, wavering as though going from small to large to small. Also, my eyes seemed to be as though I was looking through shiny glass. I sat down and closed my eyes. Then "M" said, "Just think if this never ended". I ignored that and kept my eyes shut. Then he said it again. I then opened my eyes and tried to ignore what he said, but all of a sudden this was the only thing I could think of. I don't know if it was then, or later, but all of a sudden three cold chills went up my back and I don't know if I felt it in my brain or thought that this somehow imprinted this message in my brain. All of a sudden I became really scared, so scared I got up and started pacing around and became ever so horrified. Things all of a sudden didn't appear real; it was as though I had



1 died but I was still living. It seems like I  
2 divided, not in the sense of being completely  
3 two people but as though there was me on earth  
4 walking around and there was a me that was watching  
5 me. Somehow, it just didn't seem my body was alive  
6 but that my mind was, even though it was in this  
7 body.

8 THE PUBLIC: It sounds good,  
9 have you got anymore?

10 DR. BANIK: I am coming  
11 to an end. Now these experiences went on and  
12 on.

13 THE CHAIRMAN: Excuse me,  
14 there is a gentlemen there that would like to  
15 say something.

16 THE PUBLIC: (inaudible)

17 THE CHAIRMAN: Would you  
18 go to the microphone please.

19 THE PUBLIC: I am just  
20 wondering if the person in that instance never  
21 smoked again afterwards.

22 DR. BANIK: No. Now to  
23 answer this question as to whether he smoked  
24 again, this experience was so frightening I  
25 am seeing him on individual therapy basis  
26 because after this he became so frightened, he  
27 had so horrifying fear that he could not come  
28 to the university nowadays. So he is not using  
29 anymore. That experience was traumatic enough.  
30 It conditioned him that even if he hears the word





1 hash or marijuana he develops some kind of  
2 funny feelings inside of him so you can imagine  
3 it was a very traumatic experience.

4 THE CHAIRMAN: Excuse me,  
5 doctor. Dr. Lehmann?

6 DR. LEHMANN: How would  
7 you explain the fact one other gentleman in  
8 the audience seemed to think that this was  
9 quite a good experience and yet, and from your  
10 description someone might read it as such and  
11 yet this -- your patient was so horrified that  
12 he never smoked it again. Now was it a good  
13 experience or was it not a good experience?

14 DR. BANIK: I did not come  
15 to an end because I have about ten pages of  
16 this report. This was just the beginning. It  
17 went on and on and then he had to come home, and  
18 there he wanted to commit suicide. It went on  
19 after that.

20 DR. LEHMANN: There were  
21 later developments?

22 DR. BANIK: There were later  
23 developments. He wanted to commit suicide.

24 THE PUBLIC: Sir, why if  
25 he had such a horrible experience on marijuana  
26 did he go on to do morning glory seeds which  
27 most kids know do have really bad physical  
28 reactions? You know, you say he won't touch  
29 marijuana after this experience, but also you  
30 say he was admitted to the hospital because of the



1 affects of ---

2 DR. BANIK: This patient  
3 was not admitted to the hospital, he came on a  
4 private reference.

5 THE CHAIRMAN: Excuse me,  
6 but is this the patient who took morning glory  
7 seeds?

8 DR. BANIK: No, this is not  
9 the patient, it is a different story altogether.  
10 I was talking about different ones here. I  
11 wanted to give some idea about that.

12 Now one thing, this is his  
13 initial experiences. Later on he was having  
14 these bad experiences, he was having a bad trip  
15 and he wanted to commit suicide. His mother  
16 became very much frightened, so they came, all  
17 his brothers, and so the next morning they came  
18 and he was very much afraid.

19 Now, I am not going to go  
20 into details; if you have any questions I would  
21 be very happy to answer them.

22 In other cases, a young  
23 Métis Indian girl of 14 years of age was  
24 reported to me because of her impulsive -  
25 acting behaviour including physical gestures.  
26 This girl was sniffing glue. She was to get  
27 accepted by her peers to escape the harsh  
28 reality. She was adopted by her parents when  
29 she was very young and during the last 14 years  
30 she had to move from one foster home to another



1 which has resulted in her feeling of realism  
2 and a negative attitude towards the world in  
3 general. Psychological tests indicated brain  
4 damage due to the intoxicating effects of  
5 "glue sniffing" and a severe personality  
6 disorganization. Another boy of similar age  
7 who came from a disturbed family background ---

8 DR. LEHMANN: Sorry, this  
9 boy ---

10 DR. BANIK: Girl.

11 DR. LEHMANN: Girl. How  
12 long after the "glue sniffing" did the tests  
13 reveal the brain damage?

14 DR. BANIK: Because from  
15 interviews with her it was my view she had  
16 experiments 10 at least 20 times and then the  
17 welfare took this case and then I became to  
18 know about this case. She was living at a  
19 foster home.

20 DR. LEHMANN: Then she was  
21 being tested?

22 DR. BANIK: About after  
23 several years of "glue sniffing" I tested her.

24 DR. LEHMANN: Were the  
25 tests taken later to see whether the brain  
26 damage was reversible or not?

27 DR. BANIK: I have been  
28 trying to -- have not been on this case because  
29 the girl has been transferred outside of this  
30 province. So she is no longer in the province





1           so I am trying to follow up this case to see  
2           if after the treatments she has shown some  
3           signs of improvement. But I doubt it because  
4           she experimented at least 20-25 times which is  
5           quite a larger number of times which may have  
6           resulted in brain injury.

7                               DR. LEHMANN: You have no  
8           evidence?

9                               DR. BANIK: Psychological  
10          testing did indicate brain damage.

11                              Another boy of similar  
12          age who came from a disturbed family background  
13          took an unknown quality and quantity of LSD  
14          to get inside into his problems but instead  
15          ended up becoming a mental wreck. Now I did  
16          not go into the details of all these things but  
17          this individual also had some frightening  
18          experiences. He had all types of delusions  
19          and things and also he had some homicidal  
20          indications. From my formal contact with the  
21          people who have used psychedelic drugs  
22          (marijuana, hash, LSD,) I have observed that  
23          when used in mild doses by "emotionally stable  
24          persons" few ill effects are reported; but  
25          when used in heavier doses of unknown quality  
26          by "emotionally maladjusted persons" there  
27          are always reports of bad outcomes like  
28          transients, psychosis, bad trips, apathy,  
29          heightened anxiety, megalomaniac and paranoid  
30          reactions. I must emphasize here that not all



1 develop the above symptoms because of the  
2 reaction depends on the quality, quantity,  
3 setting, as well as the personality make-up  
4 of the individual. Because of the illegality  
5 involved with the non-medical use of these  
6 drugs, most of the time majority of cases  
7 of less severe reactions do not get reported. Only  
8 a few of the severe cases are brought to the  
9 attention of the professional people. As a  
10 result, it is extremely difficult to ascertain the  
11 extend of drug abuse, as well as, the cases of  
12 severe reactions.

13 LAW AND DRUG ABUSE: It is  
14 rather -- 30 pages and it would be rather  
15 boring to go into this. If you are interested  
16 you can get in contact with me, or you can  
17 have this submission.

18 Before I go into law  
19 and drug abuse I should tell you some of my  
20 investigation I did with the university students.  
21 I asked them what do they feel about the  
22 legalization of marijuana and these are some  
23 of the reports ---

24 THE CHAIRMAN: What page  
25 is this of your brief?

26 DR. BANIK: Page 54. To  
27 find out how the university students feel about  
28 the legalization of drugs a survey was made  
29 using a questionnaire. The findings are of  
30 the mixed type, 50% of the respondents wanted



1 legalization, 40% expressed views against  
2 legalization, and the remaining 10% expressed  
3 the view "wait and see" before any decision  
4 can be reached.

5 THE CHAIRMAN: Excuse me,  
6 doctor, what is the sample here, what is the  
7 size of it, and what is the basis of the size  
8 of it?

9 DR. BANIK: 700 university  
10 students of first and second year students.

11 THE CHAIRMAN: A sample  
12 of 700 first and second year university students.

13 DR. BANIK: First and  
14 second year university students.

15 MR. CAMPBELL: How was  
16 the sample selected?

17 DR. BANIK: It is a  
18 heterogeneous sample because it didn't take  
19 into consideration the background or what  
20 courses they are taking, just a heterogeneous  
21 survey.

22 THE CHAIRMAN: How did  
23 you select them?

24 DR. BANIK: Just I went  
25 to different classes and gave this questionnaire  
26 to them. They did not know, they were not  
27 warned before that. It was short questions  
28 whether or not they think marijuana should be  
29 legalized.

30 THE CHAIRMAN: You mean





1           you selected certain classes and you gave  
2           a questionnaire out to everyone in the class,  
3           made it available to everyone in the class?

4                       DR. BANIK: Everyone  
5           even if someone did not<sup>want</sup> to sign.

6                       THE CHAIRMAN: How did  
7           you set up the classes?

8                       DR. BANIK: Just arbitrary.  
9           The classes are selected. I thought, if I took  
10          some classes like some from arts and science,  
11          some from medicine, some from veterinary science,  
12          so I just included almost all kinds of courses.  
13          So it is a kind of ---

14                      THE CHAIRMAN: Excuse me,  
15          when you said first and second year university,  
16          how is it that medicine and other professional  
17          schools became involved?

18                      DR. BANIK: Because they  
19          also take first year courses in psychological  
20          studies and so on.

21                      THE CHAIRMAN: So you have  
22          undergraduate and graduate students here?

23                      DR. BANIK: Some graduates  
24          and mostly undergraduates.

25                      MR. CAMPBELL: What  
26          proportion of the graduate students gave  
27          answers?

28                      DR. BANIK: I gave it out  
29          in the class and I got it back right away. Some  
30          took it home, they did not return them. So this



1           happened because it is difficult to control them.  
2           I said if they didn't want to return it that is  
3           fine.

4                         THE CHAIRMAN: What is the  
5           student population of the university approximately?

6                         DR. BANIK: 10,000. Am I  
7           correct? If I am wrong someone could correct me.

8                         10,000 isn't it?

9                         THE PUBLIC: Pretty close.

10                        DR. BANIK: Pretty close.

11                        THE CHAIRMAN: So you have  
12           a return of 700, out of 750?

13                        DR. BANIK: Out of 750 I  
14           got 700. The percentage would be about 18.7 to  
15           22.

16                        MR. CAMPBELL: Do you have  
17           any information from the data you have gathered  
18           from the questionnaires as an extent of what  
19           this sample is a cross-section of the 10,000?

20                        From the data you got  
21           from the questionnaire presumably that you had  
22           data on their year, their faculty, and so on.

23                        DR. BANIK: Yes.

24                        MR. CAMPBELL: Does this  
25           data suggest that the sample is, in fact, a  
26           reasonable cross-section?

27                        DR. BANIK: I think so.  
28           It is a cross-section but it is not a large  
29           sample. Out of 10,000 I have got 700 respondents.

30                        MR. CAMPBELL: There wasn't



1 a cross-section of males and females?

2 DR. BANIK: No. The way  
3 it came I gave them -- I did not make any  
4 sexual differentiation in my study, only in  
5 general. All the university students first  
6 and second year.

7 MR. CAMPBELL: Is there  
8 a copy of your study in your brief?

9 DR. BANIK: No. I have all  
10 other studies using questionnaires so I can  
11 provide the questions.

12 The reason for the --  
13 against the legalization is summarized below.

14 1. Drugs should be legalized  
15 within limits. The present laws appear to  
16 be usually harsh with respect to the penalties  
17 imposed. Furthermore, some of the criteria used  
18 to condemn drugs would result in the condemnation  
19 of many other drugs if applied indiscriminately.

20 (Coffee and tea are habit forming and are a  
21 "crutch" to some extent). Marijuana is as danger-  
22 ous as tobacco. If indeed marijuana stays as a  
23 drug to be legislated against, then tobacco and al-  
24cohol should also be legislated against.

25 Marijuana and hashish -- we have the summary of  
26 the questionnaires -- marijuana and hash should  
27 be legalized because they are less harmful than  
28 alcohol and tobacco. "Pot" effects the  
29 individual differently than does alcohol. For  
30 example, it widens the senses instead of





1 decreasing them as alcohol does. Besides,  
2 getting "high" has some advantages over getting  
3 "drunk". There are no hangovers the next day.  
4 Also, one remains in control of one's intellect.  
5 It is a pleasurable experience that should not  
6 be denied to adults.

7 MR. CAMPBELL: Excuse me.  
8 These reactions that you cite, can you give us  
9 an indication of a proportion of the sample?

10 DR. BANIK: Yes. This is  
11 the 50% of the respondents wanted legalization,  
12 40% expressed views against legalization, and  
13 10% expressed "wait and see". So this is a  
14 summary of their reactions.

15 MR. CAMPBELL: Yes. Then  
16 as you go on to speak of other reactions ---

17 DR. BANIK: Yes.

18 MR. CAMPBELL: These are  
19 a selection of the ---

20 DR. BANIK: A selection  
21 from their comments.

22 MR. CAMPBELL: These were  
23 open ended questions?

24 DR. BANIK: Open ended  
25 questions exactly.

26 2. Why must drugs be  
27 forbidden? Society must change its values and  
28 mores. They are out of date -- the rigid,  
29 Victorian Era is gone. Young people are  
30 becoming permissive and developing a culture



1 of their own and no one is going to tell them  
2 what is wrong.

3 3. This is the group of  
4 people who wanted drugs legalized: drugs should  
5 be legalized but they should be obtainable only  
6 from the pharmacists. This would have three  
7 effects: a) the black market would be abolished,  
8 people would receive unadulterated drugs,  
9 b) drug addicts could obtain drugs at a minimum  
10 fee and thus, reduce the crime rate. The  
11 underground pushing of drugs causes a lot of  
12 crime -- stealing and even murder and for the  
13 safety of the society, legalizing drugs would  
14 cut down on this crime rate.

15 THE CHAIRMAN: Excuse me,  
16 doctor, I am getting a little confused here  
17 about precisely the scope of the students for  
18 legalization. Do I understand the people favour  
19 the legalization of all drugs?

20 DR. BANIK: I am only  
21 talking about the psychedelic.

22 THE CHAIRMAN: What is  
23 the significance of the 50% figure? You say  
24 50% of the respondents wanted legalization. It  
25 doesn't say what drugs. Do you see what I am  
26 getting at?

27 DR. BANIK: This is a very  
28 good point you raise now. They wanted marijuana  
29 to be legalized.

30 THE CHAIRMAN: I take it then



1 the summary of the percentage of opinion here  
2 was with respect to marijuana?

3 DR. BANIK: Marijuana,  
4 exactly.

5 THE CHAIRMAN: Excuse me,  
6 if I could just complete my question for a minute.

7 Now what is the scope of  
8 the statement: "all drugs should be legalized  
9 and they should be obtainable even from the  
10 pharmacist." What was the percentage in favour  
11 of that opinion because that goes much beyond  
12 marijuana?

13 DR. BANIK: Unfortunately --

14 THE CHAIRMAN: But it is  
15 still clear it is not the 50%?

16 DR. BANIK: No.

17 THE CHAIRMAN: I have no  
18 recollection of this because---

19 DR. BANIK: No I have not  
20 the figure here. Now the 40%, emphasized  
21 the drugs should never be made legal because of  
22 the situation which would result-that is on  
23 page 56, I am coming to this.

24 THE CHAIRMAN: Well let us  
25 put it this way. Presuming that 40% against  
26 legalization refers to all drugs,

27 DR. BANIK: All drugs in-  
28 cluding marijuana.

29 THE CHAIRMAN: And presuming  
30 that 10% on the other side refers to all drugs





1 and what you haven't done is you haven't broken  
2 it down to 50, so the reasons are somewhat mixed  
3 in with scope of recommendation.

4 DR. BANIK: That is a very  
5 good point, I will go into that point.

6 MR. CAMPBELL: When you  
7 say that 50% favour legalization of marijuana,  
8 does that 50%<sup>favour</sup>/legalization of marijuana alone,  
9 or marijuana and hashish, or does marijuana in  
10 this sense mean cannabis?

11 DR. BANIK: I think that  
12 they use this marijuana and hash, they include  
13 this because many of them are not aware that  
14 hash is much more potent than marijuana and so  
15 it is very difficult because I did not-- when  
16 I did this survey I did not specifically indicate  
17 these two distinctions. I am including marijuana  
18 with hash so it is included, so when they talk  
19 about the legalization of marijuana they also  
20 talk about hashish in the same vein.

21 MR. CAMPBELL: I see, the  
22 term that is used in the questionnaire then, is  
23 only marijuana.

24 DR. BANIK: Marijuana  
25 (hash, grass or --)but it was not distinguished,  
26 that line marijuana hash, at all.

27 MR. CAMPBELL: But the  
28 inference is made clear that marijuana included  
29 all these other things?

30 DR. BANIK: Yes. And now



I come to some of these recommendations and also my personal view. Personally I strongly feel that the possession or use of drugs should not be a criminal offence because in most cases the person has deep emotional or psychological problems that need to be solved and he should be helped instead of being ostracized by the law and society. I am strongly in favor of legalizing non-addictive drugs like marijuana but not amphetamines or heroin for the following reasons: --

MR. CAMPBELL: Perhaps before you go on, you made this statement that you are opposed to making the use of these drugs legal -- I think you were referring to marijuana and hashish at this point -- because most of the users are suffering from deep personality problems. Could you give me some idea of the evidence for this statement and what type of testing you have?

DR. BANIK: I used psychological tests such as the Rorschach test and -- equal disorganization. Sometimes the individual may have some neurotic trend, he may have some conflicts, in sex or interpersonal relationships.

MR. CAMPBELL: Then the statement, "most of those using drugs suffering from personality -- "

DR. BANIK: No I must clarify this statement. Most. Only those cases who for treatment on the basis -- only those



1 cases. Not all, I made it very clear before,  
2 not all have the symptoms. Only a particular  
3 segment of the population who have developed  
4 these problem syndromes. I did not mention that  
5 all of them. Among those that we see develop  
6 this problem, they show this trend that they  
7 have a personality problem. They are emotionally  
8 disturbed people.

9 DR. LEHMANN: You tested  
10 only those that came to your attention because  
11 of a pathological reaction?

12 DR. BANIK: Exactly, so  
13 I can not talk about others, I am talking about  
14 only those I have seen.

15 DR. LEHMANN: Who had  
16 bad trips?

17 DR. BANIK: Yes. It can  
18 by the statement I have made is that, personally  
19 I strongly feel that the possession or use of  
20 drugs should not be criminal offence because  
21 in most cases the person has deep emotional or  
22 psychological problems that need to be solved  
23 and he should be helped instead of being ostracized  
24 by the law and society. I am strongly in favour of  
25 legalizing non-addictive drugs like marijuana but  
26 not amphetamines or heroin.

27 MR. CAMPBELL: Now this  
28 would not apply to all of those using drugs.

29 DR. BANIK: No. Marijuana  
30 according to most studies is less dangerous and





1       less harmful to the human body than alcohol.  
2       While the alcoholic commonly substitutes alcohol  
3       for food, marijuana stimulates the hunger  
4       sensation and appetite.    Marijuana pushes an  
5       individual to enjoy and appreciate foods whereas  
6       alcohol pulls away the individual from foods.  
7       Chronic use of alcohol is associated with psychotic  
8       conditions, Korsakoff's Syndrome, kidney disease  
9       and cirrhosis of the liver.   In comparison, the  
10      smoking of marijuana produces relatively  
11      inconspicuous physical effects, although hash or  
12      hashish can produce damaging bodily effect.   The  
13      potency of hashish and marijuana can be compared  
14      with pure alcohol and beer, respectively.

15                               But here in this connection,  
16      I would like to emphasize here that the use of  
17      marijuana should be legalized but properly  
18      controlled.   Legalization of certain non-addictive  
19      drugs like marijuana would tend to decrease the  
20      aura of excitement in breaking the law.   The  
21      classic comparison I can make in supporting the  
22      legalization of marijuana is the Prohibition Period  
23      in the United States which resulted in many harmful  
24      side effects such as increased crime, murder, rape,  
25      etc.   I would also like to point out here that  
26      during "Operation Intercept" on the Mexican-  
27      United States border, there was a sharp rise in  
28      the use of addictive and very dangerous drugs like  
29      heroin and amphetamines due to scarcity of "grass"  
30      in the underworld market.   Because of the present



1       legality associated with drugs, the "pushers"  
2       can sell adulterated stuff or mix some addictive  
3       stuff with a non-addictive drug so as to make the  
4       users become dependent on drugs. Some drug users  
5       knowing very well that they have been cheated with  
6       adulterated drugs, still because of penalty involved  
7       they can not bring this to the attention of the  
8       police or the law. If drug use could be legalized  
9       and controlled by the government, the criminal  
10      effects associated with them could be reduced but  
11      people would still not be solving their real  
12      problems. If the drug addict could be productive --

13                               THE CHAIRMAN: Excuse me,  
14      doctor, there is a sentence that I would like  
15      to comment on that you did not read: "The general  
16      use of addicting narcotic drugs should not be  
17      legalized as such because of their non-social  
18      consequences and the dangers the drug users may  
19      present to the society. These individuals should  
20      instead be helped to face and solve their problems."

21                               Now I would like to deal  
22      with your meaning of the social consequences and  
23      dangers the addicting narcotic drugs may present  
24      to this society.

25                               DR. BANIK: As you know  
26      this heroin and amphetamines make the addict, and  
27      there is also consequences not only to the individual  
28      but to the society, the family and we do not have  
29      much to control this and they would become a  
30      burden to the society and there is indication



1       that this person may commit crimes or steal to  
2       get more shots in arms and they are one of those  
3       psychological, physiological dependents and  
4       so because of this I mention it should not be  
5       legalized at all.

6                       THE CHAIRMAN: What do  
7       you mean when you say the general use of these  
8       drugs should not be legalized? Do you mean  
9       prohibitions against their use or possessions for  
10      use should be retained?

11                      DR. BANIK: I think that  
12      only this, if it is legalized and these drugs  
13      were put on the market and these addicts can get  
14      them easily and freely, but the pharmacies could  
15      use when they have to apply for some medical  
16      purposes as it happens with many drugs.

17                      THE CHAIRMAN: No, but the  
18      law presently prohibits the possession of these  
19      in the Court.

20                      DR. BANIK: Yes.

21                      THE CHAIRMAN: Do I  
22      understand that your statement,"the general use  
23      of addicting narcotic drugs should not be  
24      legalized,"means that the present prohibitions  
25      against the possession of these drugs should be  
26      retained?

27                      DR. BANIK: Yes. Heroin  
28      and amphetamines; exactly.

29                      MR. STEIN: That the person  
30      in other words, charged as possessor of heroin





1           should go ---

2   DR. BANIK:   Should face  
3           the penalty with regard to heroin and amphetamines  
4           not with regard to marijuana.   I am making  
5           distinctions because they are addicting drugs.

6   THE CHAIRMAN:   Your  
7           distinction, as I understand, is based on what  
8           you said against the -about the addictive dependency  
9           producing properties.

10    DR. BANIK:   And also it  
11           could be dangerous not only to the individual  
12           but to the society in general, because the  
13           individual will become a prostitute in many  
14           cases as in the heroin addict, and also they  
15           commit crimes. They kill people under the influence  
16           of heroin addiction and amphetamines because  
17           speed can cause all kinds of damages.

18    THE CHAIRMAN:   There is  
19           not presently prohibition against  
20                           simple possession for use of amphetamines,  
21           as you know.

22    DR. BANIK:   I know that.

23    THE CHAIRMAN:   Are you  
24           suggesting they should have prohibition?

25    DR. BANIK:   Yes, because  
26           to me I think it is very dangerous although the  
27           opinions might differ, but to me it is ---

28    THE CHAIRMAN:   So you are --  
29           I do not want to put words in your mouth, but  
30           would it be fair to say that your approach to the



1       appropriateness of the law in relation to non-  
2       medical use of drugs turns on what you believe  
3       to be the relative harm, potential       harm  
4       to the individual and to society?

5                       DR. BANIK: Yes.

6                       THE CHAIRMAN: And is not  
7       equal with the appropriateness of the criminal  
8       laws/<sup>as</sup>such in relation to this kind of phenomena.

9                       MR. CAMPBELL: You spoke  
10       of the adulteration of drugs that were non-addictive  
11       with addicting drugs. Could you expand on what  
12       drugs you are referring to and the evidence?

13                      DR. BANIK: Yes. Because  
14       sometimes I think it is a mysterious area we  
15       really cannot pin point when the individual will  
16       come to us, what drug he has used. Sometimes  
17       we infer that there might be something else  
18       where it is added because what about our information  
19       and what about our decisions to make does indicate  
20       that this particular marijuana smoking would not  
21       cause this kind of behaviour. So we suspect that  
22       there might be some addictive materials added  
23       because they do not know what they are buying.  
24       This is just an inference because I do not have  
25       the positive evidence.

26                      MR. CAMPBELL: Does the  
27       pattern suggest to you what the drug might be?

28                      DR. BANIK: Sometimes it  
29       might because the individual gets hooked on  
30       marijuana because as we know marijuana is not



1       addictive and still the individual gets hooked  
2       on marijuana and wants to smoke every day, or  
3       hash. The individual might have smoked something  
4       in connection with the amphetamines mixed with  
5       this marijuana.

6                               MR. CAMPBELL: When you  
7       made the statements specifically with reference  
8       to the opiates, they sometimes lead to violent  
9       behaviour and killing. This is interesting. I  
10      have seen reports of violent behaviour as a  
11      result of opium use.

12                            DR. BANIK: I am not  
13      talking about opium, I am talking about the  
14      amphetamines and other things. Opium I didn't  
15      think anything.

16                            MR. CAMPBELL: You are  
17      speaking as a result of amphetamines or methampheta-  
18      mines?

19                            THE PUBLIC: Could you  
20      repeat what you said about the opiates?

21                            THE CHAIRMAN: Could you  
22      repeat what you said about the opiates?

23                            DR. BANIK: I think as  
24      far as opium is concerned opium is not -- (inaudible)  
25      any questions referred to me or the department  
26      with regard to opium misuse.

27                            THE CHAIRMAN: Would anyone  
28      like to comment on that?

29                            Would you come to the  
30      microphone?





1 THE PUBLIC: Yes.

2 I was just wondering  
3 which particular materials other than the opiates  
4 could be smoked and have the physiological  
5 effect. The opiates, you will see autonomic  
6 effects on the body. I myself have not come  
7 across these. I have probably seen at least  
8 three or four hundred adolescents who have been,  
9 shall we say, "high", and have never yet  
10 observed any autonomic effects to indicate  
11 pollution of their marijuana.

12 THE CHAIRMAN: Thank you.  
13 Doctor?

14 DR. BANIK: Well, as  
15 I indicated, that my cases which are mentioned  
16 here, they are mostly marijuana or hash or  
17 LSD or morning glory seeds. I did not come across  
18 any individual who was addicted because of opium  
19 or morphine or things like that so my experience  
20 in this particular area is limited. The only  
21 thing I am inferring is that when this individual  
22 gets the stuff and the quality is not known he  
23 might be getting something right off the start  
24 because the pusher is interested to make the  
25 individual addicted so that they can make more  
26 money. It is an inference.

27 THE CHAIRMAN: Well, it  
28 is an inference. What is implied in that statement,  
29 concerning the facts as to distribution of  
30 cannabis? I mean when you speak of the pushers,



1 and you are speaking of cannabis, what do you  
2 know, doctor, about the distribution of cannabis?

3 DR. BANIK: Well, as you  
4 know this is a very difficult question to answer  
5 because we really cannot pin-point this because  
6 there are many ways that things get distributed  
7 and very often and perhaps with marijuana people  
8 cannot pin-point that. It is widely used in the  
9 city, but how widely used ---

10 THE CHAIRMAN: But the  
11 statement you made, it may be taken from that  
12 that the users of marijuana, the pushers of  
13 marijuana put addictive products into the  
14 things they are selling. This would assume that  
15 the distributors of cannabis are distributing  
16 other addictive producing drugs and have this  
17 interest. What is the basis of such assumption?

18 DR. BANIK: From my contacts  
19 with these people who have used these drugs. I  
20 have talked with them quite extensively. They  
21 do mention it is quite possible that they can  
22 use these things but they do not know how it  
23 looks like. When they are first users, they have  
24 not seen it, so they don't know whether it is  
25 heterogenic or ---

26 THE CHAIRMAN: This is  
27 purely speculative.

28 DR. BANIK: I mention it is  
29 inferential.

30 THE CHAIRMAN: It is not



1 an inference because there are no facts.

2 DR. BANIK: Some facts  
3 are that because the individual got hooked on  
4 marijuana so there are some facts, but which is  
5 not very conclusive.

6 THE CHAIRMAN: What is  
7 the fact, doctor?

8 DR. BANIK: That one  
9 individual who was hooked -- I wouldn't call  
10 he was dependent on marijuana but he used to  
11 smoke marijuana almost every day so I asked  
12 him from what sources he bought his marijuana,  
13 and he said he got it from the pusher and he  
14 would not disclose the name. As you know,  
15 there are some legal problems involved. So  
16 I thought maybe some of this stuff was mixed  
17 with marijuana and he got hooked on marijuana.  
18 But I am making very clear now that I have got  
19 no evidence whatsoever. It is just from this  
20 contact. I think there are addictive products  
21 added.

22 DR. LEHMANN: The inference  
23 may be that if some people drink a lot of alcohol  
24 everyday that some addictive qualities might  
25 have been added to their alcohol because most  
26 other people wouldn't drink every day.

27 To my knowledge there  
28 hasn't been a single case where analysis has  
29 shown that heroin or morphine or opium was  
30 added to marijuana, in all those samples that have





1           been analyzed. It has often been stated, of course.

2                     DR. BANIK:

3           In Vancouver I think it was that there  
4           was something else because they did not get the  
5           real stuff, all sorts of junk was mixed in.

6                     DR. LEHMANN: Oh yes.

7                     THE CHAIRMAN: You mean  
8           non-active, inert matter?

9                     DR. BANIK: Pardon?

10                    THE CHAIRMAN: Non-active  
11           matter in substances?

12                    DR. BANIK: Non-active  
13           whatever it might be because it is very difficult  
14           to assert really because it is illegal, and  
15           illegal problem involved with that.

16                    THE CHAIRMAN: No. You see,  
17           this is an important contention, doctor. The  
18           general contention first is that  
19           some adulteration occurs.

20                    DR. BANIK: That is my  
21           suspicion that there may be some adulteration.

22                    THE CHAIRMAN:  
23           Adulteration may consist of non-psychoactive  
24           material.

25                    DR. BANIK: That is right.

26                    THE CHAIRMAN: Or psychoactive  
27           materials of some kind or another. Now we are  
28           interested in evidence based on analysis you see,  
29           and I want to make sure, you said you have no  
30           evidence.

                    DR. BANIK: No.



1 THE CHAIRMAN: I want  
2 to make sure your allusion about Vancouver, I  
3 want to pin that down. I mean you are not saying  
4 upon analysis there is alleged to be discovered  
5 in Vancouver psychoactive properties of an  
6 addictive character. You are not saying that?

7 DR. BANIK: No, I said  
8 they found there was something, junk mixed  
9 with some of these things, this is what I mean.

10 Now I am coming to some  
11 conclusions with respect to this drug abuse.  
12 First, before any firm decision is made with  
13 regard to legalization of drugs, especially  
14 marijuana, intensive scientific research is  
15 urgently needed. This research must encompass  
16 both short and long term effects on human beings,  
17 emphasizing the following areas such as clinical,  
18 psychological, physiological, sociological and  
19 pharmacological.

20 MR. STEIN: Could I ask  
21 you a question? I thought that you indicated  
22 that you were in favour of legalization of  
23 marijuana.

24 DR. BANIK: Legalization  
25 of marijuana?

26 MR. STEIN: But now you  
27 have just said until such information as this  
28 is known then you would not legalize it. Which  
29 is it that you meant?

30 DR. BANIK: Contradicted.



1       When I said that I mentioned that if it is  
2       legalized then many researchers will be able  
3       to do some research on that. Now, as you know,  
4       you have to go through a lot of electives to  
5       do studies on human beings with marijuana. If  
6       there is no legality then many researchers,  
7       because it is a time consuming thing, they might  
8       do some research on it, so this is two different  
9       statements in two different places.

10                   MR. STEIN: So what you  
11       are in favour of happening immediately then is  
12       of distribution of this substance to researchers?

13                   DR. BANIK: So far -- after  
14       I wrote this I have heard some evidences that  
15       marijuana -- articles as published in Science,  
16       they indicate that marijuana is not dangerous.  
17       It does not produce any harmful effects on human  
18       beings, so I am in favour of legalizing marijuana.  
19       This was written before, this article I have.

20                   THE CHAIRMAN: I am sorry,  
21       what was written before?

22                   DR. BANIK: I got some  
23       new materials that they did some scientific  
24       studies using marijuana on human beings and they  
25       indicate that marijuana is not as dangerous -- as  
26       it surrounds marijuana.

27                   THE CHAIRMAN: Yes? Would  
28       you come to the microphone?

29                   THE PUBLIC: How could you  
30       indicate the nature of the studies and how





1           extensive they were.

2                           DR. BANIK: Yes, this  
3 was done, reported in Science which is a very  
4 well known journal, everyone knows, and this was  
5 done by three scientists: clinical and psychological  
6 effects ---

7                           THE CHAIRMAN: Is that the  
8 Wilde Study?

9                           DR. BANIK: Yes.

10                          THE CHAIRMAN: What were  
11 the three names?

12                          DR. BANIK: Wilde, (Ginsberg)  
13 and (Neilsen). This I mentioned before,

14                          THE PUBLIC: How extensive  
15 is it? This is what I want to know.

16                          DR. BANIK: It is quite an  
17 extensive and very good study.

18                          THE PUBLIC: What is "quite"?  
19 What do you mean by "quite"? How big is the  
20 sample and ---

21                          DR. BANIK: Let's see.  
22 I think about 15 subjects.

23                          THE PUBLIC: Fifteen  
24 subjects. On the basis of this paper you want  
25 to have marijuana legalized; is that correct?

26                          DR. BANIK: Not on the  
27 basis of that, I have some other information  
28 too. These are not all compiled. This shows  
29 marijuana is not as dangerous as we used to  
30 think. Alcohol possesses more problems, more



1 dangerous to the society.

2 THE PUBLIC: Yes, but on  
3 the basis of lack of clinical studies how can  
4 you say that marijuana is less dangerous than  
5 alcohol? A good deal more is known about alcohol;  
6 so little is known about marijuana.

7 THE CHAIRMAN: Look, if  
8 you would like to come to the microphone here?

9 THE PUBLIC: (inaudible)

10 THE PUBLIC: Would the  
11 gentleman tell us exactly what is known by  
12 alcohol that isn't known about marijuana?

13 THE PUBLIC: I haven't  
14 seen a great deal of clinical studies, clinical  
15 investigations on marijuana, what long term,  
16 short term effects it has, primarily due to this  
17 restriction on distribution of marijuana for  
18 investigational purposes. Much of what we hear  
19 is subjective: testimonies from people who have  
20 been using marijuana or from clinicians who have  
21 been dealing with patients but I don't think  
22 there have been any good clinical studies done  
23 on marijuana to merit its legalization.

24 THE CHAIRMAN: Doctor, I  
25 would just like to straighten that out in my own  
26 mind, the matter which my colleague, Mr. Stein,  
27 raised. On page 57 of your brief you say, " I  
28 would like to emphasize here that the use of  
29 marijuana should be legalized if properly  
30 controlled." Then on page 59 you say, "Firstly,



1 before any firm decision is made with regard  
2 to legalization of drugs, especially marijuana,  
3 intensive scientific research is urgently needed."  
4 Now it seems to me that neither of those statements  
5 ---

6 DR. BANIK: Very contradic-  
7 tory.

8 THE CHAIRMAN: Quite  
9 apart from the Wilde Study, I don't see what  
10 bearing the Wilde Study can have on that-because  
11 one is on page 57 and one is on page 59. Now  
12 which of these statements represents your opinion,  
13 your recommendation?

14 DR. BANIK: 57.

15 THE CHAIRMAN: 57.

16 THE PUBLIC: Dr. Banik,  
17 I am in favour of the legalization of marijuana.

18 THE CHAIRMAN: You now  
19 drop here a paragraph about the need for  
20 scientific study.

21 DR. BANIK: Scientific  
22 studies are already under way and it shows  
23 it is not harmful at all.

24 Okay, second point,  
25 education of the public is of vital importance  
26 in preventing the epidemic use of drugs.  
27 Educational efforts can only help to familiarize  
28 children, parents and teachers with the hazards  
29 of the drugs. Much of the current educational work  
30 about drugs shall have to be done by the parents





1 because "the hands that rock the cradle rule the  
2 world" or "charity begins at home". Thus, it is  
3 necessary to supply parents with more information  
4 than they already have. Parents of this generation  
5 generally remain ignorant of newly added drugs  
6 because they are not a part of their adolescent  
7 period. Information should be made available through  
8 literature and parent-teacher associations.

9 Drug users should be  
10 treated like any other disease and not be treated  
11 as criminals.

12 THE CHAIRMAN: Excuse me,  
13 there is a paragraph on my page, 3(a) The  
14 underground narcotic world.

15 DR. BANIK: The underground  
16 narcotic world, "Pushers" as the dishonest phar-  
17 macists (those who manufacture and sell drugs for  
18 non-medical and profiteering purposes) should be  
19 severely punished by the law.

20 There should be drug  
21 information centres as well as professionally  
22 supervised Drop-In Centre where the drug users can  
23 seek help without being harassed by police or  
24 penalized by the law. Frequently, It so happens  
25 that many drug users because of the fear of being  
26 penalized do not ask for help. Rather, they die slowly  
27 or become burdens to the society.

28 There should be public  
29 sympathy and encouragement for the set up of  
30 Drug Abusers Anonymous where they can meet



periodically and help themselves through group therapy, films and educational materials.

Better and effective communication between the young people and the adults can help alleviate some of the drug problems. Many a time, young people use drugs because of<sup>a</sup> communication barrier. Now the other point I want to make here is that many young people use drugs as a medium to expand their minds or to search for meaning and truth for life. But in most cases, these drugs, instead of providing a window for self-knowledge and expansion of minds are making them confused and more disturbed at times with psychotic proportions. The introduction of the century old yogic meditation seems to be an answer and alternative to psychedelic drugs so as to help realize one's potential, enhancing creativity, reducing anxiety and tension, installing self-confidence and fostering mutual understanding. This technique was practised by the Indian Yogis and Buddhists from all over the world as an effective method of instilling peace of mind, happiness and realizing one's self. The most powerful advantage of meditation over the use of psychedelic drugs is that meditation never brings any bad effects whereas drugs can bring bad trips, panic state, heightened anxiety and dehumanizing effects. The practice of yogic meditation only takes a few minutes a day and it is not at all a difficult



1 technique to practise. It is a hopeful sign  
2 that many youngsters are now getting interested  
3 in Eastern religions as well as in mysticisms. If  
4 this trend takes the dynamism of a fad-like drug  
5 use, it will be a boon to our society.

6 Materials on drugs  
7 should be included in the school curriculum  
8 and this information should be given to younger  
9 people based on scientific as well as available  
10 facts rather than clouding the issue with  
11 emotion, sentiment and morality. Many drug users  
12 generally drop out of school at any early age.  
13 Thus, attention and consideration should be given  
14 as to how schools could be made more attractive  
15 and worthwhile. There is too much emphasis on the  
16 compliance with rules about trivial aspects of dress,  
17 attendance and deportment. It would be worthwhile if  
18 some time could be regularly devoted to talking  
19 about what the students are interested in rather  
20 than following just curricula. Regular meetings,  
21 seminars or discussions could be held with  
22 school students. This also will help in developing  
23 two-way communication between the teachers and  
24 the students. There should also be some provision  
25 to make allowance for the drug users to stay in the  
26 school. As it so happens that by forcing the drug  
27 user out of school, it tends to complicate the  
28 situation, that is it makes the adolescence  
29 worse and increases the drug taking. The individuals  
30 who are labelled begin to feel themselves as





deviant. This self perception and action taken by the authority leads to isolation and alienation of the group defined as deviant. As a vicious cycle when the deviant group become more deviant, conformists become more conforming and the whole process is faithfully repeated. Therefore, it is very important that schools and parents create a place for drug users, a place from which they can be understood and helped rather than making them hard core narcotics. Teachers and guidance counsellors can play vital roles in the schools.

From the above suggestions and recommendations, it appears that there is no single method available now by which we can either prevent the spread of drug use or help solve the problems completely. As I mentioned earlier, as there are many reasons as to why people use drugs so also there are different types of people who use drugs for different purposes. So each case should be handled independently and the solution might be found from one or a combination of the above methods. It might so happen that for some people, none of the above will work because human behaviour is complex and there are great individual differences in knowing human beings. If all the present drugs, as well as all the plants, are made to disappear from the world, still we would not be able to eradicate the drug use completely. If even death penalty is



1 imposed for the possession as well as use of drugs,  
2 still there will be some odd balls in our  
3 society who will experiment with anything illegal,  
4 whatever the penalty it might involve. But  
5 education and all the available community efforts  
6 can only approach this complex and gigantic  
7 drug problem.

8 It is an irony that LSD,  
9 a hallucinogenic drug which can bring adverse  
10 reactions, is also widely used as an adjunct  
11 to psychotherapy for different kinds of patients  
12 in many parts of the world.

13 MR. STEIN: Where?

14 DR. BANIK: Here we are  
15 using, in this University Hospital, LSD. As a  
16 resident of psycho-therapy, I have brought about  
17 fifty references where these drugs have been  
18 used, LSD in a minor dose under supervision  
19 for psycho-therapeutic purposes.

20 MR. STEIN: Still?

21 DR. BANIK: Yes, still,  
22 and I am involved in this project and I find  
23 that LSD with 100 milligrams can be effective  
24 too for some problems. Thank you.

25 THE CHAIRMAN: Thank you  
26 doctor. Are there any other questions or  
27 observations?

28 Yes, would you like to  
29 come to the microphone again?

30 THE PUBLIC: Doctor, on a



1 certain page in your brief on one of the reasons  
2 for legalization I was wondering if you could  
3 repeat the initial statement about the  
4 psychological problems from drug users. I  
5 inferred that you meant that legalization of  
6 marijuana would somehow alleviate these psychologi-  
7 cal problems.

8 DR. BANIK: No, I did not  
9 mean to say that. What I mentioned is that if  
10 it is legalized then some of these -- I would  
11 put it that when this "Operation Intercept"  
12 was introduced many people went to the hard  
13 drugs like amphetamines and speed, and if it is  
14 legalized then these kids would not go to these  
15 hard drugs at all, if it is available on the  
16 free market, because as we know it appears that  
17 it is not as harmful as alcohol. So why should  
18 it not be legalized? I would think there would  
19 be many people who would experiment with  
20 different things even as I mentioned if all  
21 the drugs were to disappear, so many people  
22 would invent some other psychological drug or  
23 psychotropic drugs. It has happened through  
24 the centuries. Always the people find something  
25 very "pop" and so I indicate this, that marijuana  
26 is legalized that would not solve all of the  
27 psychological problems.

28 THE PUBLIC: Then why  
29 did you infer that you thought that legalization  
30 of marijuana would have to alleviate the





1           psychological problems?

2                               DR. BANIK: At least  
3           these people would not go to the LSD or  
4           amphetamines. This is my belief.

5                               THE PUBLIC: Then using  
6           the laws for drugs (portion inaudible)

7  
8                               DR. BANIK: Yes, I think  
9           that one in the possession of marijuana now  
10          gets very severe penalties for this and if  
11          marijuana is not as dangerous as we think,  
12          that marijuana can cause panic states, depressed  
13          conditions and marijuana can cause these  
14          crimes, and rapes and whatnot.

15                              THE PUBLIC: And you  
16          think it would be helpful?

17                              DR. BANIK: To some.

18                              I would never say to everyone. To say that,  
19          it can be helpful. It can expand their minds.

20                              THE PUBLIC: Thank you.

21                              THE CHAIRMAN: Doctor,  
22          I want some further clarification on your  
23          approach to the law. From your last statement  
24          you made I infer that you are in favour of  
25          legalization of marijuana only, and you are  
26          in favour of the retention of the prohibition  
27          against the simple possession of all other drugs  
28          including LSD. Am I right in inferring that?

29                              DR. BANIK: I am talking  
30          about heroin and amphetamines.



1 THE CHAIRMAN: Well  
2 I see. What is your position on LSD.

3 DR. BANIK: LSD I did  
4 not -- because as you know LSD is also a harmful  
5 drug if it is taken beyond some moderate dose,  
6 so I am not sure about talking about LSD.

7 THE CHAIRMAN: In other  
8 words, you are not advocating at the present time,  
9 the abolition of the prohibition against the  
10 psychedelic drugs?

11 DR. BANIK: No.

12 THE CHAIRMAN: Is there  
13 any other questions? Would you like to come  
14 to the microphone sir?

15 THE PUBLIC: One quick  
16 question doctor: what do you mean by the legali-  
17 zation of marijuana? How would it be handled?

18 DR. BANIK: As we get  
19 alcohol through this -- from these stores.

20 THE PUBLIC: What age  
21 limit would you put on it?

22 DR. BANIK: This is one  
23 thing, I am sorry, I cannot answer that question,  
24 because unless I have some facts I cannot say --  
25 I don't think it should be beyond 14 or 15. It  
26 can be dangerous so it should be adolescents to  
27 to adult level.

28 THE CHAIRMAN: Tell me  
29 more about what you mean, it can be dangerous?

30 DR. BANIK: Well as you know



1 we have had studies done already that what  
2 can be the affects on the younger people when  
3 they are smoking marijuana that so the thing  
4 that I am going to have to look at is if it is  
5 legalized as alcohol is available to younger  
6 people and you must be at a certain age to  
7 drink or buy alcohol, and this should apply  
8 to marijuana too.

9 THE PUBLIC: Do you not  
10 feel that the problem will still be  
11 people that you are limiting to, no matter what  
12 age limit you put on it. Is this not increasing  
13 out of hypocrisy as you indicated before? The  
14 older people again will be able to use all  
15 these things, the younger people will not be  
16 allowed to use them. This is increasing the  
17 hypocrisy.

18 DR. BANIK: I mentioned  
19 about better communications between the parents  
20 and the adolescents that many things that the  
21 adult can take and the teenager cannot, but  
22 this can be alleviated by better communication;  
23 by having better understanding between the  
24 adolescents and the adults. It is possible.

25 THE PUBLIC: Is it  
26 all right to make a couple of observations,  
27 not just a question?

28 THE CHAIRMAN: Absolutely.

29 THE PUBLIC: About the  
30 things that are being talked about.





The question of the motivation of why people use dope, I think that you really haven't got to it at all; you are not talking about why people really take dope. Yesterday there was a riot in Regina and that is not far from here and I guess you gentlemen were probably in Regina when that was happening.

THE CHAIRMAN: Yes.

THE PUBLIC: And things are changing very fast. There is an awful lot of young people that are growing up and who hate capitalism, who hate the kind of way that our parents have destroyed the world that is around us and turned everything into real stupid, inhuman bull-shit about money and about companies and about the big cities and just all the things that aren't working, that are ruining the world, and all the ways that our parents have destroyed us, by the kinds of schools that they put in, all the oppression that really has been very unconscious for most of us up until now. But now we are beginning to realize how dead we have been in our whole youth, and how we grew up. How dead we have been, how non-people, how much we were always playing by the rules and living in buildings and doing the right things and never living, never being real, unique, free individuals who did what they wanted to do and things <sup>that</sup>/felt right. And that is -- there is good dope and there is bad



dope but one of the things that good dope has done for a lot of young people is that it has reminded them of what -- maybe what it used to be like to be a human being in this world, maybe the really good -- like people talk about rushes when they do dope. There is a thing about when you really get into the present and your whole body is living together and your mind is with everything else, and it only happens every now and then. It only happens when we put the needle in our arm or do some really good smoke or something, that is the only time it happens. But I think that is really the way it should have been all the time, but maybe after the revolution, maybe after we all come together and start to live in good ways we probably won't do any dope any more. We probably won't do it any more, but now we need it to get back to feel like real human beings and to get back like living honestly, in the moment honesty, and not by some rules about what is going to be happening in the future. But all the horse shit that we hear about, so that you don't live now, you do all this work now, and then later on you live, you know, it destroyed us. And the other thing is that I think for us to be able to make the revolution, for us young people to be strong enough to fight all that, and to fight all you old people who buggered everything up so badly; in order for us to do that, we need



1 strength and I am sure that a lot of those  
2 kids who were busting windows in Regina yes-  
3 terday were wiped out on some kind of dope  
4 or that. I bet they were, and that helps you  
5 to get the jam, because everyone is starting  
6 to be really, really afraid, and I mean there  
7 is good reason to be afraid of the pigs. They  
8 killed a friend of ours in Regina not too long  
9 ago. And there is good reason to be afraid of  
10 them but we have got to overcome that fear and  
11 we have got to fight and dope is a good thing  
12 to do that. It helps us to do that and that  
13 is all kinds of dope from heroin to ordinary  
14 grass. And you know, maybe you will legalize  
15 grass, big deal, I mean we will still be doing  
16 other dopes. Even if they are illegal -- and  
17 lots of our friends are in jail because of these  
18 stupid laws but I have a feeling that even if  
19 those laws weren't there, that most of those  
20 people would be in jail for something else  
21 anyway because we are doing all kinds of things  
22 that you guys aren't going to like and we are  
23 going to do way more things that you guys aren't  
24 going to like and dope is small compared to the  
25 revolution.

26 That is all I want to say.

27 MR. STEIN: Could I ask  
28 you a question? You mentioned this riot in  
29 Regina and you have now mentioned it in some  
30 ways as connected to the use of drugs, or at





1           least you see there is a possible connection.  
2           And you talked about what you feel is some  
3           pretty dehumanizing and meaningless adult  
4           human relationships?

5                                Could you explain to me  
6           what the difference is in the behavior of the  
7           individuals in a riot situation, that is, an  
8           improvement in some way over the so-called  
9           establishment, capitalistic world they are  
10          objecting to?

11                           THE PUBLIC: Okay. It  
12          is like joining the People's Army or something.  
13          It is like having -- when you are together with  
14          a group of young people in the street and you  
15          are doing bad things, and there are cops around  
16          and there is lots of funny things happening  
17          then you find out about friendship. Then you  
18          find out about being together with people,  
19          then you find out that there are some people  
20          that because you have been living with them and  
21          you know them and you have done serious dope  
22          with them that you trust them; they are good  
23          people.

24                           THE CHAIRMAN: But you  
25          are against war.

26                           THE PUBLIC: Nobody  
27          talked about good people, nobody ever told  
28          us people were good.

29                           THE CHAIRMAN: But you are  
30          criticizing our generation, and there is no



1           doubt we have plenty to be criticized about  
2           You are against war.

3                           THE PUBLIC: I am not  
4           against war. We have one world war to do.

5                           THE CHAIRMAN: That  
6           comradeship is not a new discovery by your  
7           generation. This very generation that you are  
8           castigating had experienced that comradeship;  
9           do you know that?

10                          THE PUBLIC: Sure. But  
11           that was quite a while ago, I think for most  
12           of you. I think it has been 25 or 30 years.

13                          THE CHAIRMAN: That is  
14           very vivid. We can still meet each other, we  
15           can still, serving           in the Second World  
16           War, we can feel that, instantly.

17                          THE PUBLIC: That is not  
18           as important as the realities of how you have  
19           destroyed the world and how we are living off  
20           us. White North Americans are living ---

21                          MR. STEIN: The question  
22           really is, are you talking about presenting  
23           the world with something other than just a  
24           further destruction of it? In other words,  
25           when you talk about the values you are going  
26           to achieve after some revolution, don't you see  
27           that you--or realize you are talking historically  
28           like every generation? There is nothing about  
29           thinking about you are going to create a new  
30           world tomorrow, but today there is a necessity



1 to destroy. Don't you realize that is an  
2 historical statement that has been made for  
3 probably 500 years? Do you really think that  
4 is a new thing to be doing?

5 THE PUBLIC: I don't  
6 think it is newness that is important, it is  
7 a question whether it is right or not, and I  
8 think it is right right now. I don't know  
9 what you mean by "new". I mean it is new, it  
10 is what is happening right now. What is  
11 happening right now has never happened before.

12 MR. STEIN: Maybe new  
13 is the wrong word, but there is an inference  
14 made that <sup>there</sup> is going to be brought into our world  
15 an improvement, a transcendence, a new kind --  
16 call it what you want, a purity or honesty,  
17 of values -- there is going to be an integration  
18 of people, their values are going to be acted  
19 on upon immediately and there is going to be  
20 a great deal more of understanding and compassion.  
21 And yet at the same time, and many, many people,  
22 so many people also agree it is needed, there  
23 seems to be very little indication, and I am  
24 just speaking personally here, that there is  
25 much to hope for in terms of the actual  
26 development of any -- any increased amount of  
27 compassion or tolerance or understanding.  
28 I mean even your observation to us, a group  
29 of strangers, presuming to know whether we know  
30 anything about comradeship ---





1 THE PUBLIC: Oh, come  
2 on now. You really mistook me there.

3 MR. STEIN: I am trying  
4 to understand you.

5 THE PUBLIC: I am  
6 talking about myself, I am talking about the  
7 things I lack. If you have them that is  
8 goody for you, but I never had them; we never  
9 had them.

10 MR. STEIN: You made a  
11 statement, there was a presumption that persons  
12 other than the youth don't understand this at  
13 all and they are completely bent on destruction,  
14 that is all they understand, and that the system  
15 compels one in this direction. Therefore, you  
16 must direct the system and create your own  
17 system, revolution and so forth, which will what?  
18 Which just will perpetuate the same thing?

19 DR. LEHMANN: Could I  
20 ask something? Just so that it might make it  
21 clear to me, you said that drugs are good because  
22 they give you -- or some people, the courage  
23 to smash more windows and attack more policemen.  
24 Now suppose this could be done by mass hypnosis,  
25 would that be equally good?

26 THE PUBLIC: Listen,  
27 it is a thing that you do for yourself.

28 DR. LEHMANN: Would that  
29 be equally good as a drug?

30 THE PUBLIC: You don't



1 do it to a whole bunch of people, you do  
2 something to yourself, for yourself. That is  
3 one of the things. I don't believe in doing  
4 it with a large number of people.

5 DR. LEHMANN: Suppose  
6 hypnosis would do this. All right, you knock  
7 out a few more policemen, and knock out a few  
8 more windows of the establishment and you would  
9 have the courage to do it and a lot of people  
10 would, would that be just a good as ---

11 THE PUBLIC: No. I mean  
12 could you imagine mass hypnosis?

13 DR. LEHMANN: What is  
14 wrong with hypnosis?

15 THE PUBLIC: What is  
16 wrong with hypnotizing; a mass hypnosis?  
17 You live your own life.

18 DR. LEHMANN: It gives  
19 them the courage to do this destruction.

20 THE PUBLIC: Okay you are  
21 -- I see what you are saying but I disagree with  
22 you. It is not as if I am running around --  
23 you think I am running around doing bad things  
24 to people so they will do bad things or something,  
25 but that is not what I mean. I mean each of  
26 us by ourselves -- that is one of the reasons  
27 I do have a lot of faith that we will make good  
28 things happen in the future, is because  
29 what is happening is not any kind of organized  
30 pragmatic, political kind of movement, what is



1           happening is individual people all over  
2           North America. I mean the war is happening in  
3           the other parts of the world but here we are  
4           just beginning to realize that we have to fight,  
5           and I think what is happening is that individual  
6           people are making that decision by themselves  
7           and working by themselves, by their own rules  
8           and their own ways. But you can come together,  
9           and when people come together who aren't being  
10          held together by a bunch of rules and some  
11          leadership and stuff, like that, but are a bunch  
12          of people, free individual people, but they  
13          are doing things together because they need  
14          that strength from a bunch of people, then I  
15          don't think bad things happen, I think good  
16          things happen when that kind of process begins.

17                               MR. CAMPBELL: I am  
18          inclined to agree with you that this is the  
19          case, but there are two observations I would  
20          like to make: I won't argue with you about  
21          the depersonalizing character of this society  
22          for the moment. Now in many aspects there is a <sup>highly</sup> /  
23          exploitive character. I agree with this. I  
24          would agree with you too on the importance of  
25          providing a situation where the individual can  
26          lead his life as he sees fit. But while I think  
27          we would share a view on the importance of the  
28          freedom of the individual, we sense that as  
29          a free and dignified person.

30                               Now it is my understanding





that a resort to violence, because I have been in riots, very much in the centre of riots, is the restraint of freedom on innocent people who may happen to be in the midst of a riot, who may not be able to foul up your life or anyone elses at that moment, and that being in the middle of a riot or on the fringe of a riot, you are in one hell of an imposition on your freedom to act as a decent person, and I find that there is a fundamental implication in this, in that harm can come to people who are just doing their own thing and they aren't exploiting people or mucking up other people.

The second problem I have with your proposition is to a large extent, the historical one and this will be to some extent<sup>a</sup>/socially oriented statement. Groups of four, groups of eight can function extremely well by consensus, and because they can operate by consensus they are enormously satisfying groups to be in. It is very difficult to operate by consensus at 20 or 30, and if you look at the history not of this situation but of all civilizations you have societies like the Eskimo, in bands of a hundred, without law as we understand it. This is true of the wandering tribes of the South Western United States. But when you move to groups of a thousand, and groups of ten thousand, at that



1 point, very frequently, law does become necessary;  
2 planning becomes necessary, not to oppress,  
3 but to survive, as a matter of fact, to avoid  
4 just trampling on them. These are the two  
5 problems I have with your proposition.

6 THE CHAIRMAN: Excuse me,  
7 I was wondering if I might just intervene at  
8 this point. We shouldn't be arguing, we are  
9 trying to understand, you are stimulating us.  
10 I just want to say this: Dr. Allen Clews is  
11 here, he has a submission to make but he must  
12 return to his hospital at 12:00 and I was  
13 wondering- and we can continue this.

14 THE PUBLIC: Thank you  
15 very much.

16 THE CHAIRMAN: It has  
17 been very, very thought provoking and I wonder  
18 if we could just hear with your permission,  
19 Dr. Clews, because I think he must urgently  
20 get away at 12:00.

21 DR. CLEWS: Thank you,  
22 sir.

23 THE CHAIRMAN: Thank you  
24 very much.

25 Then we can resume our  
26 discussion.

27 Thank you very much.

28 DR. BANIK:  
Should I send the submission  
29 directly to you?

30 THE CHAIRMAN: Oh yes,



The secretary will give

Thank you very much.

DR. BANIK: Thank you

DR. CLEWS: Yes. I don't

I am a general practitioner  
so work as a medical  
alcohol rehabilitation centre  
a large number of patients  
alcoholism and some of  
drug problems. My  
be two:

The first one is with regard to prescription of amphetamines and barbiturates. The Representative Assembly of the Saskatchewan Medical Association last year unanimously passed a recommendation that prescriptions of amphetamines and barbiturates should only be given in written form and that the amount of the drug should be stated, and





that the timing and the number of repeated prescriptions should also be stated. This recommendation was brought before the representative assembly by my partner, Dr. Joseph Grew at the request of myself and Dr. Sol Cohen, who is the medical consultant for the Alcoholism Rehabilitation in Regina.

Our feeling was that there was a lot of abuse of amphetamines and barbiturates due to the repeating of prescriptions over the phone. I find that I can phone a pharmacist and ask for a prescription for amphetamines or barbiturates to be given to a Mrs. X, and very often the pharmacist will not phone back to my own home or office phone number, to confirm that it was in fact, myself who placed the call, and I think that this leads to a lot of abuse. And my experience has been that many patients who are habituated to amphetamines and barbiturates, and this includes largely the older group, the middle aged group, have become so through such free and easy access to these drugs. I think that this recommendation, of the S.M.A., the Saskatchewan Medical Association, should be implemented at the federal level.

My second recommendation, has to do with the inadequate present facilities for treating alcoholic and other drug abusers. As you know, alcoholism is the fourth commonest disease in North America, and in my opinion,



1 the facilities for treating alcoholism are  
2 pitifully small. I believe, that in a centre  
3 similar to the one that is operating in Regina  
4 and Saskatoon, where counselling is available  
5 to alcoholics over a period of three to four  
6 weeks, followed up by membership in AA and  
7 repeat<sup>ed</sup>/counselling as indicated, either at the  
8 centre or by the patient's family physician,  
9 I believe that in this way a meaningful reduction  
10 can be achieved in the problem of alcoholism.

11 But the facilities are  
12 totally inadequate, in my opinion. I think  
13 that a similar approach to the abuse of  
14 drugs would be probably helpful although I have  
15 very little personal experience on this matter.

16 The treatment of the  
17 patient, usually younger patient with abuse  
18 of marijuana or LSD, is largely left to such  
19 groups as the Drop-In Centre in Saskatoon,  
20 which was recently formed, and which is staffed  
21 by volunteers, many of whom have special interest  
22 in training in the fields of sociology and  
23 medicine. But this is done on a financially  
24 inadequate basis. It does have some support  
25 from the Town Council in the rent required for  
26 the use of <sup>the</sup>room, but as far as I know it is  
27 the only official support that is being given  
28 to this private venture.

29 And my opinion is that  
30 the facilities for treating alcoholics should



1 be expanded and should also include the  
2 treatment of other drug abusers. Thank you  
3 for your time.

4 THE CHAIRMAN: Thank you  
5 doctor.

6 DR. LEHMANN: Dr. Clews,  
7 I wonder why you restricted your recommendations  
8 or the Saskatchewan Medical Association's  
9 recommendations to amphetamines and barbiturates?  
10 What about doridaon, noludar, ritalin,  
11 meproamate and such drugs,  
12 equally causing physical dependence?

13 DR. CLEWS: Dr. Lehmann,  
14 I think this is a very good point. I think the  
15 reason for restricting it to amphetamines  
16 and barbiturates was largely one for convenience  
17 in that these two drugs are under the same  
18 schedule, drug schedule.

19 I agree that the other  
20 drugs that you mentioned should probably be  
21 included.

22 DR. LEHMANN: And with  
23 regard to the treatment, for alcoholics, you  
24 mean more and better facilities for those who  
25 want treatment or the ones who <sup>do not</sup> want to join  
26 Alcoholics Anonymous?

27 DR. CLEWS: We find  
28 that we have inadequate facilities for helping  
29 the people who want to be helped. We have a  
30 home which is <sup>called</sup> "Hope Haven" which is a converted





1 house, supported largely by voluntary  
2 organizations and <sup>partly</sup> by the Alcoholic Foundation,  
3 and this is an extremely over-crowded, relatively  
4 small private house, which accommodates up to  
5 20 people of both sexes. There is one bathroom  
6 and this is a residence for alcoholics across  
7 the northern part of the province. And this is  
8 our attempt to treat the fourth most common  
9 disease in North America and I think it is  
10 pitifully inadequate.

11 We are attempting to have  
12 rooms made available in the nurses residence  
13 of the St. Lawrence Hospital. These rooms are  
14 physically present, but the finances are not  
15 available for the staffing and the nursing  
16 care and so on, for this particular facility.

17 DR. LEHMANN: So  
18 recommendations then, are at the federal level,  
19 provide better treatment facilities for  
20 alcoholic and other drug dependent people who  
21 want treatment?

22 DR. CLEWS: I think that  
23 this might been done better at the provincial  
24 level, but the terms of inquiry here, are outside  
25 the provincial and I don't know whether the  
26 federal ministry could bring pressure at the  
27 provincial level or not, but I think that this  
28 should be done, although the mechanism I am not  
29 sure of.

30 THE CHAIRMAN: Thank you



1           very much, doctor.

2                               Yes, excuse me Mr.

3           Campbell. Could we resume this --

4                               MR. CAMPBELL: I would  
5           like to raise a question with the gentleman who  
6           was speaking before about the significance  
7           of drugs.

8                               THE PUBLIC: Could you  
9           perhaps go on with the question?

10                              MR. CAMPBELL: Oh,  
11           you are back. What I wanted to raise with you  
12           was the analysis you made of the value of  
13           drugs in a <sup>politico-</sup>social situation, and ask for  
14           you comment on another proposition.

15                              That is, one of the  
16           conceivable values of drugs as you said,  
17           is that it is virtually impossible to get  
18           the feel of concensus or feeling of small  
19           group solidarity, particularly in a city where  
20           you bring people from enormously different  
21           backgrounds, together. One of the values of  
22           drugs is in that setting, providing the basis  
23           of let us say, a tribal feeling out of a shared  
24           experience, out of a highly personal shared  
25           experience.

26                              Does the drug experience  
27           there provide a basis for solidarity <sup>that</sup> / might  
28           be difficult to achieve in other experiences?

29                              THE PUBLIC: Well, listen.  
30           Like, I don't think dope ever fools you or tricks



1       you into thinking that you are with a whole  
2       bunch of people when you are not with them,  
3       that is, good dope that makes you see things  
4       more. It is not alined to do real things. I don't  
5       think it is a question of-what you said before ,  
6       about small groups and people only being able  
7       to live together in a good total free way. In  
8       small groups it is really true, but I don't  
9       think that the answer to that is that we  
10      have to think of all kinds of ways to enable  
11      us to be able to live in large groups, even  
12      though we can't do it in a good way.

13                               That is not the answer.

14      That is ass-backwards. What you have to say  
15      is that we are going to try to go back to  
16      living in small groups again because this  
17      other way hasn't worked out. It has almost  
18      destroyed the world. Pollution is because  
19      of us trying to live that way and it is not  
20      working that way. It is the world telling us  
21      that it will not work and we are being vomited  
22      up. That is what is happening and we have got  
23      to get really, seriously what you would say ,  
24      radical. We have to think basically about  
25      our lives and try and do it right, and that  
26      is, I think really hard, and I think that one  
27      of the reasons it is really hard is that there  
28      are so many people or few very strong people  
29      who are making lots of money out of it, being  
30      so bad, and they are going to keep the reins,





1           and we have got to not just take the reins  
2           away from them, but not have that big  
3           carriage with all those millions of people  
4           all running down one road.

5                               We have got to have  
6           people -- I don't know you walk through the  
7           Qu'Appelle Valley and think what it must have  
8           been like a few hundred years ago, and maybe  
9           people knew how to live a little bit then or  
10          something. But maybe if North America had been  
11          more -- had been isolated from, well, that is  
12          sort of silly talk. But maybe the Indian  
13          people in North America would never have  
14          developed these kind of things, this technology.  
15          Maybe they would have just developed themselves  
16          more, become -- I mean think of the difference  
17          between a telephone and being stoned enough  
18          to be able to talk to somebody from some  
19          distance by getting on some wave length.

20                           Think of the difference between  
21          that. And the one thing is that if each of  
22          us were trying to get hip to being able to  
23          talk to people without talking, by just being  
24          close to people, we would be not hurting people  
25          and building huge structures which destroy things.

26                           Since you called me back--  
27          it is your own fault.

28          ---(laughter)

29                           MR. CAMPBELL: I would  
30          like to just then raise that point. Yet, my



1 reaction -- a personal one, means, at times, that  
2 I am most infallible, to be as much myself as  
3 possible. Like my smoking goes down. I take  
4 things naturally and this is again something  
5 I would like you to ---

6 THE PUBLIC: Yes, but  
7 nature shouldn't be something that you should  
8 go out to. It is the world we live in, and  
9 we shouldn't be so unhip to it that we talk  
10 about going out to it. Where are we? What  
11 is this? It's a bunch of bull<sup>shit</sup> that we have  
12 made and we shouldn't have it here. We should  
13 be living in the world, and each of us having  
14 some sense with the world, have some harmony  
15 or something. And none of us do that. We get  
16 brought up like test-tube babies or something  
17 until we are 25, almost, these days. It's  
18 wrong. The way we live is really, really wrong.  
19 I think that what you people should do is  
20 smoke some dope with us, you know, but there  
21 is too many cops in this room, you know.

22 There is a war going  
23 on and I come to you -- that big guy took me  
24 outside and it turned out he just wanted to talk  
25 to me but I was sure he was going to frisk me,  
26 and I am petrified of that, you know. That's  
27 not -- it is not an abstract discussion that we  
28 can carry on and you guys can do something  
29 important in two years.

30 In two years things are



1           going to be different. I don't think you guys  
2           should be worried about what you are doing.  
3           You should sort of figure out how to change  
4           things yourself with your own minds, how to  
5           make your own minds better. And not this stuff.

6                           MR. STEIN: One other  
7           question ---

8                           THE PUBLIC: I would  
9           just like to know how he goes about changing  
10          it in his every day life. I believe it is  
11          wonderful to have a wonderful world all working  
12          towards that hope, but how do you spend the day?

13                          THE PUBLIC: I will  
14          try to answer that. It is hard to answer that.

15                          THE PUBLIC: Besides  
16          going on a trip, you know, and blocking every-  
17          thing out.

18                          THE PUBLIC: The way  
19          that I live with people compared to the way  
20          my parents live with people, for instance,  
21          Like, the house that I lived in has a lot of  
22          people in it and we all looked after ourselves  
23          pretty well, and none of us have any money,  
24          none of us have any jobs, and we live and we  
25          eat, and we don't -- we don't do bad things,  
26          we do good things, instead of bad things.

27                          THE PUBLIC: I mean  
28          you wash and you go to the bathroom, and  
29          therefore you are clean. So really in effect  
30          you are doing the same thing that we are all





1           doing, physically.

2                               THE PUBLIC: I can tell  
3           you that there are lots of things that I do,  
4           that other people don't do but like I say there  
5           are too many cops in the room.

6                               I don't drive a car,  
7           I don't pollute the atmosphere with a car.

8                               THE PUBLIC: You never  
9           drive a car?

10                              THE PUBLIC: You never  
11           use a bus and you never drive in a car?

12                              THE PUBLIC: I don't  
13           say never, but I try not to. I don't own one,  
14           certainly, and I try not to use one, you know,  
15           and I try to walk. I try to go to all the places  
16           where I can walk to. When I came to Saskatoon  
17           from Regina, that is a big thing for me, that  
18           is a really big thing.

19                              THE PUBLIC: You walked.

20                              THE PUBLIC: No, but  
21           it took us about 15 hours to get there and it  
22           makes it a little more reasonable. You begin  
23           to realize a little more: it is quite a long  
24           way, and there is different things happening.  
25           And I tried to live in, you know, in more simple  
26           ways, so I don't use the kind of things that  
27           I see are polluting the atmosphere, that are  
28           exploiting my brothers all over the world, that  
29           are murdering people in Viet Nam, and Laos,  
30           and Cambodia right today, and that is going



1           around, it is because of us that is going  
2           on, and it is for our fat bellies that is  
3           going on.

4                               THE PUBLIC: May I ask  
5           you just another question? When your group is  
6           freaked out, or whatever the expression is, just  
7           what are you doing towards -- you know, who  
8           is going to do all this good? Is it going  
9           to be the terrible establishment that you talk  
10          about? I just wonder, is it the group that  
11          is freaked out that is going to go about doing  
12          the things, the changing?

13                            You say you have to take

14          ---

15                           THE PUBLIC: There is an  
16          enemy, we see an enemy, and that means when you  
17          see an enemy it means you have to fight that  
18          enemy and you are thinking negatively in terms  
19          of doing things that hurt,     and that is not  
20          a good thing. I mean that is not a good thing  
21          to do in some abstract way but it happens to  
22          be what we have to do and the war is going  
23          on already. It is just about time we took our  
24          share of the fight, and joined with our brothers  
25          all around the world.

26                           THE PUBLIC: What worries  
27          me with all you kids, <sup>where</sup> / all the brains and  
28          the real power, are, you know, somewhere else,  
29          freaked out on a trip.

30                           THE PUBLIC: No, no, we



1           are right downtown, right on the streets,  
2           we are right there with the people.

3                           THE PUBLIC: What is the  
4           difference ---

5                           THE PUBLIC: We are  
6           right downtown, hanging around on the streets,  
7           talking to people, smoking dope, stealing food and  
8           / distributing it to people,  
9           / stealing things from the university and buying  
10          beer in the bars, all those kind of things --  
11          whatever feels right at the time And you get  
12          to know the people who live around you, you  
13          know, and like you get to know people.

14                           In the suburbs, I lived  
15          up in the suburbs, I never knew nobody.

16                           THE PUBLIC: Is that  
17          what it is going to be like after the revolution?

18                           THE PUBLIC: I don't  
19          know what it is going to be like, but, you know,  
20          I think it is going to be tremendous. People  
21          are very good, but bad things are happening.

22                           THE PUBLIC: I think  
23          everybody agrees with you, you know, everybody  
24          is good.

25                           THE PUBLIC: Except  
26          for the enemy, there is the enemy. There are  
27          the pigs to murder us and they aren't good, they  
28          are bad.

29                           THE PUBLIC: The enemy  
30          is not "the cops", i.e., the police. The pigs  
                are just not the cops; the pigs are those who





1           the cops are agents of.

2                                   THE PUBLIC: Right.

3                                   THE PUBLIC: The  
4           establishment.

5                                   THE PUBLIC: The people  
6           with money in this country, the people who  
7           control our food.

8                                   THE PUBLIC: James  
9           Richardson.

10                                  THE PUBLIC: And our  
11          bank.

12                                  THE CHAIRMAN: Yes?

13                                  THE PUBLIC: I would  
14          like to           ask,           Mr. Chairman, has it  
15          been the experience of the Commission in  
16          travelling across Canada that you have had a  
17          policeman sitting here anonymously. Did you know  
18          that they were coming and what is your feeling  
19          on them being here?

20                                  THE CHAIRMAN: Well,  
21          here is what has happened quite frequently:  
22          sometimes at the beginning of a meeting,  
23          statement has been made that there were under-  
24          cover agents in the room and sometimes I have  
25          expressed, when that was said, I made roughly  
26          the following statement, that when we undertook  
27          this inquiry we had an understanding from the  
28          highest level, the Federal Police Force, that  
29          our inquiry would not be exploited for law  
30          enforcement purposes.



1 THE PUBLIC: Are there police  
2 in this room?

3 THE CHAIRMAN: If I may just  
4 complete my answer to your question to what  
5 you are just asking there -- I invited people  
6 to report, bring to my attention, any evidence  
7 that this undertaking was not being complied with.  
8 I have never received such reports or evidence,  
9 although we have been inquiring all across Canada.  
10 So that is all I can say on that. And I have  
11 every reason to believe that our inquiry has not  
12 been exploited and taken advantage of for police  
13 force.

14 THE PUBLIC: This gentleman  
15 suggested there were police here.

16 THE CHAIRMAN: This has been  
17 suggested from time to time and this is a public  
18 inquiry and I suppose we couldn't prevent at  
19 a public hearing -- we couldn't ask for people's  
20 credentials, but I have every reason to believe  
21 that the law enforcement authorities are not using  
22 what they may hear in this inquiry for law enforce-  
23 ment purposes. No evidence has been brought to  
24 my attention although I have frequently said,  
25 and I have said if it were brought to my attention,  
26 I would take it up at the highest level.

27  
28  
29 THE CHAIRMAN: Yes? Excuse me.

30 THE PUBLIC: I am wondering if



1       there is any quick and easy way that anybody  
2       that can get ahold of -- well, either you or  
3       the entire Commission, if anything happens with  
4       the police afterwards.

5                   THE CHAIRMAN: Yes.

6                   THE PUBLIC: How is that?

7                   THE CHAIRMAN: Well, you can  
8       call our Ottawa office, collect.

9                   THE PUBLIC: What I am wondering,  
10       sir, is in relation to the previous speaker, just  
11       how general this evidence is that all parents  
12       are dictatorial to their children?

13                   THE PUBLIC: He didn't say that.  
14       Come on.

15                   THE PUBLIC: This is what has  
16       been implied, isn't it?

17                   THE PUBLIC: No, I don't think  
18       so. I think you are reading it in.

19                   THE PUBLIC: Well, authority,  
20       lets put it that way.

21                   THE PUBLIC: There is quite  
22       a difference between parental authority and  
23       federal authority.

24                   THE PUBLIC: Are there any  
25       young people in this room that have been brought  
26       up not to hate their adult peers?

27                   THE PUBLIC: I like my parents.  
28       I just don't like what they did to me.

29                   THE PUBLIC: You like them  
30       but you don't respect them?





1 THE PUBLIC: No, that's not  
2 exactly what I said.

3 THE PUBLIC: He shook his head  
4 yes, and you said no.

5 THE PUBLIC: I think what is  
6 happening-- I am not too clear on it myself, but  
7 I think what is happening is that there is a  
8 tremendous cultural gap that exists and that is  
9 widening in North America. Like the Commission  
10 yesterday heard from Dr. Duncan Blewett, and he  
11 was the person who first turned me on to this  
12 cultural gap that exists. I hope he brought it  
13 up in his brief to you yesterday, but I got  
14 the feeling that listening to the gentleman at  
15 the microphone and listening to the gentleman  
16 on the Commission, that there really isn't that  
17 much of a difference between where you sit and  
18 where he sits. The difference is in the techniques  
19 that you use to achieve what you want to achieve.

20 Now, within society as we  
21 know it, the only way that they can get our point  
22 of view, and by our point of view I don't just  
23 mean hippies, yippies, etc., I mean concerned  
24 people, is by working through their system, by  
25 appointing Commissions, by having them open, to  
26 find out what is going on.

27 But there really is a communica-  
28 tion gap between "us" and "you", and I really  
29 fear that it will never be closed because it  
30 has grown into a cultural gap and that in a room



1 this size, we can never really get to know the  
2 people who present the briefs. I can never  
3 really get to know the man with whom I disagreed.  
4 So I will leave this room saying he is a pig. He  
5 doesn't know his ass from a hole in the ground  
6 and he will leave the room saying the same thing  
7 about me, and this is one of the problems that  
8 exists within society as it is presently  
9 structured. And this is all of the bull-shit that  
10 has to be cleaned away so that there can be a  
11 communication between people, between people as  
12 people. Not me, a student, to you, a  
13 federal employee, but me, a person, to you, a  
14 person, so we communicate about those things that  
15 matter to us and I think within your frames of  
16 reference, talking about the drug problem, I think  
17 that a great many students have found that there  
18 is an alternative to the present system and that  
19 drugs can lead them to this alternative. Drugs  
20 is not the end in itself, which was brought out,  
21 it is only a means to an end. But the unfortunate  
22 thing is that a lot of people get hung up on the  
23 means and the same god damn thing is happening in  
24 society. Everybody is pushing for the buck. The  
25 buck is the means, it is not the end, but they  
26 have forgotten and this is what we have to fight  
27 against. <sup>We</sup> have got to have people re-examine  
28 their whole nature and find out where they are  
29 really at.

30 MR. STEIN: Two questions on that:



1       one, if I were to take you literally, I would  
2       assume you mean the only kind of communication,  
3       the only kind of communication that human  
4       beings should be involved in is that which  
5       occurs in either you and I, or just one, or two  
6       or three people.

7                   THE PUBLIC: It is the best  
8       kind.

9                   MR. STEIN: Well, that is a  
10       different point. But what I wondered was, do  
11       you rule out the possibility of any value at all,  
12       you see, in terms of say, a setting like this  
13       one? Lets say if we would agree that there are  
14       very real limitations imposed, no question about  
15       it, but then there is another problem, and it is  
16       one that I think you would perhaps be very con-  
17       cerned about, and that is the general question  
18       of communication. You feel kind of dubious  
19       about whether it can be overcome. But, if at a  
20       time when there is apparently so many things  
21       that we need to know, we wait until we have all  
22       had a chance to meet individually or in very  
23       small groups -- well, I am really raising a  
24       question, and I am just wondering if this is  
25       really a very practical thing. In other words,  
26       the Chairman of the Commission pointed out this  
27       for us is one of a variety of ways that we go  
28       about what we are doing now. It is not the only  
29       way.

30                   THE PUBLIC: Yes.





1 MR. STEIN: But your comments  
2 sounded as though it were excluding this as  
3 a valuable kind of setting.

4 The other question, the other  
5 one is more brief, and that is you said something  
6 about the problems of you being involved in a  
7 relationship where I am a federal representative,  
8 you are a student and that is not really a  
9 good human interaction. But, yet doesn't it  
10 occur that part of any human interaction involves  
11 you and me in sharing what we each are? And  
12 I am father among other things, that is a part  
13 of me, and I could go on and list a whole lot  
14 of things. You are a whole string of things too,  
15 but to deny that those particular roles have  
16 meaning, if that is what you are doing, it  
17 would seem to me -- I mean we are not all the  
18 same thing. Those are the two questions.

19 THE PUBLIC: To your first  
20 question I think it harkens back to what was  
21 said earlier by another member of your panel,  
22 and that is that groups of six and eight people  
23 can function without any set ground rules.  
24 Groups of a hundred people, a thousand people,  
25 a million people can<sup>not</sup> I think they have <sup>to have</sup> got basic  
26 ground rules and where there is an opinion to  
27 be expressed generally it is expressed through  
28 a spokesman. Now I don't see how this can be  
29 overcome,  
30

THE PUBLIC: Except by improving



1 the quality of the relationship between those  
2 people whether it be a group of a hundred or  
3 a thousand, or ten thousand.

4 But that is what Mr. Brian  
5 was talking about.

6 THE PUBLIC: And what was the  
7 other question?

8 Oh yes. Well, it is, say,  
9 to me, meeting you as a person, first of  
10 all, and not as a federal employee, because  
11 as soon as I meet you as a federal employee I  
12 have these ideas about you. I mean, I put  
13 you into a bag, and you put me into a bag, but  
14 if we can get away with the bag -- we will find  
15 these things out about each other and it will  
16 be a very good thing when it happens, but to  
17 put people into a bag which often happens. I  
18 mean you have got so many <sup>pre-</sup>conceived notions that  
19 you get hung up on the notions and you never get  
20 to know the person.

21 MR. CAMPBELL: It is a small  
22 point, but I do not consider myself a federal  
23 employee. I mean that very seriously. The idea  
24 of employee carries certain implications that  
25 do not apply in our case.

26 MR. STEIN: I think I used the  
27 word representative.

28 MR. CAMPBELL: Nor representative.

29 THE CHAIRMAN: Yes. I should  
30 say now, we are to hear from Mr. Stewart Vickers



1 representing the Prince Albert, Saskatchewan Associa-  
2 tion of Social Workers, <sup>who</sup> has been most obliging  
3 and patient <sup>since</sup> / conceding his place on the program  
4 earlier than Dr. Clews, and I am a bit embarrassed  
5 now that we have kept you waiting so long.

6 I wonder -- we have to go to the  
7 University at <sup>1:00.</sup> / I don't want you to feel that we  
8 have ran out of time, but if we could hear you  
9 this afternoon or would you like to begin now?

10 MR. VICKERS: I could  
11 begin now, Mr. Chairman, but I have a part of  
12 the afternoon too, to begin or continue.

13 THE CHAIRMAN: In other words  
14 it would be convenient for you to come back?

15 MR. VICKERS: Certainly.

16 THE CHAIRMAN: You are very  
17 kind and I hope that does not inconvenience you  
18 too much.

19 I think in those circumstances  
20 because we are a little bit pressed, and we have  
21 to be at the university at 1:00 <sup>and</sup> / grab a bite  
22 to eat, and be back here at 2:30, I think I will  
23 adjourn the hearing now then, and we will begin  
24 with your submission at 2:30. Thank you very  
25 much.

26 --- Upon adjourning at 12:25 p.m.  
27  
28  
29  
30





1 --- Upon resuming at 2:30 p.m.

2 THE CHAIRMAN: I call now on  
3 Mr. Stewart Vickers, representing the North Battleford  
4 Prince Albert and Saskatoon Association of Social Workers.

5 MR. VICKERS: Mr. Chairman and  
6 Commissioners, fellow members of the audience. Up to  
7 this point, I am afraid I can't promise the heady  
8 wine of discussion that ensued this morning between  
9 the Commissioners and some of the rather intelligent  
10 and insightful youthful participants of the discussion.  
11 The framework which we, as social workers, have taken  
12 is, as usual, rather problem focused, and that is  
13 focused on the abuse that society is wreaking on those  
14 who we are calling drug abusers. I think this  
15 morning we all got the feeling of some of the hope  
16 that may come from the creative use of drugs with  
17 certain caveats always to be remembered; the fact  
18 that there is use of drugs in terms of self-actualization,  
19 the strive for identity and authenticity and humanity,  
20 as well as drug abuse. And drug abuse can be carried  
21 on by individuals who are having psychological  
22 problems as well as by people who are misinformed  
23 about the drugs they are taking, possibly, and this  
24 wreaks some abuse here.

25 The brief that I am about to  
26 discuss is being presented on behalf of the Saskatche-  
27 wan Association of Social Workers, Prince Albert,  
28 North Battleford and Saskatoon regions. And without  
29 further ado, I think I will go from the heady wine  
30 of this morning to the more mundane propositions and



1 views on abuse that have led us to present this  
2 brief.

3 First of all, I think that one  
4 premise on which we are basing the recommendations  
5 on the use of marijuana, and I might point out that  
6 the brief is divided into three parts, Recommendations  
7 on the Use of Marijuana, the Use of LSD, and the use  
8 of a bag of other drugs, amphetamines, hard drugs,  
9 etc., which have known harmful effects.

10 One premise on which we are  
11 working is from our own observations. In my personal  
12 observation as a former parole officer, we find that  
13 legal sanctions against the use of marijuana and  
14 indeed, any other drug, are destructive and merely  
15 aggravate the problem which they purport to solve.  
16 We find that we perhaps need fewer legal sanctions  
17 and more avenues of treatment if necessary, but also  
18 of drug information for those people who choose  
19 consciously to use one form of drug or another without  
20 the full knowledge of the effects of that drug, if  
21 we are honest about our drug education.

22 The idea of legal sanctions imposed  
23 against people who we call abusers of drugs merely  
24 adds one problem, we feel, to another. That is, if  
25 there is a psychological problem in any individual  
26 case behind the use of drugs, we feel that adding  
27 the problem, the social problem of criminality  
28 on top of this already existing problem, merely  
29 aggravates the individual's situation and takes him  
30 further from the treatment and the finding of himself



1       which he is about.

2                       The effects of the criminal  
3       process, the effects of jails on individuals, the  
4       effects of a criminal record on the future individual's  
5       chance of employment and acceptance by society, are  
6       only too well known and I don't propose to go into  
7       these at this time.

8                       Karl (Menenger) has written a  
9       book called, very aptly, "The Crimes of Punishment"  
10      which lays out many avenues of thought, and at the  
11      present time social workers in the field of correction  
12      and other people are involved in really assessing  
13      our treatment of people we call "criminals" and  
14      institutions we have built to contain them.

15                      This prosecution, or might I say,  
16      "persecution" of people we call abusers or addicts,  
17      takes the attention away from the proposition of the  
18      mental health and the psychological tragedy of their  
19      addiction and focuses merely on the symptom of a  
20      problem which is often the taking of drugs.

21                      As I say, we are problem focused  
22      here, and I think we have to note that many people  
23      who take drugs are not in the midst of psychoses,  
24      neuroses and personal psychological problems. Many  
25      people take drugs because they choose to take drugs  
26      for whatever personal reasons and satisfactions they  
27      get out of it.

28                      And to cite the individual  
29      instances of drug taking as automatically connected  
30      with psychoneurosis or psychosis or whatever we are





1 doing, is doing a great injustice to those people  
2 who are taking the drug to find out what it does,  
3 who are taking the drug for their own personal  
4 reasons, and their own search for identity, as many  
5 of the views we heard this morning pointed out most  
6 forcefully.

7 With regard to marijuana speci-  
8 fically, we are now faced with an extensive use of  
9 a drug which, as far as research goes, is harmless  
10 as far as we know. There are no proven harmful  
11 effects of marijuana, save one, that of a criminal  
12 record and possible incarceration, and this is one  
13 harmful effect which we have imposed and which we  
14 can relieve, I believe.

15 Research has found no physiological  
16 addiction, no physiological harmful effects in most  
17 instances, and as far as the psychological pre-  
18 disposition for what we call "psychological addiction",  
19 I think this is another question again. If we assume,  
20 as has been pointed out by Dr. Cohen last night, that  
21 as many as 10% of users might become psychological  
22 addicts, I think we would have to assume that the  
23 other 90% are responsible people who could handle  
24 drugs, given the proper information. And it behooves  
25 us to look at a proper balance in perspective and  
26 legislate for the 90% rather than for the 10%, but  
27 then help the 10% and include in our recommendations,  
28 that of treatment, the availability of many avenues  
29 of possible treatment, for those people who find  
30 themselves in trouble with drugs. There is no



1 denying that some individuals certainly do find  
2 themselves in trouble with drugs, and we should  
3 try to use our knowledge and strength to renumerate  
4 the problems that they have.

5                   The present existence of mari-  
6 juana and the legal sanctions against it, and its  
7 very harsh control deems the situation not unlike  
8 that of prohibition, and I think there are many  
9 parallels between this situation and prohibition  
10 of alcohol in the twenties or thirties. That is to  
11 say, that the use of it exists and is increasing,  
12 as far as we can ascertain, at least in the journals  
13 and the articles that we have been reading, and that  
14 attempts to enforce a kind of prohibition are  
15 leading to the same effects that we felt in the  
16 twenties in effecting or trying to effect the  
17 prohibition on alcohol, and that is that we are  
18 doing a great injustice to the user who may be  
19 having problems and that we are driving the problems  
20 underground by the use of legal sanctions against  
21 people who may be having trouble with the particular  
22 substance we are trying to prohibit.

23                   People do not readily come  
24 forward when there are legal and punitive aspects  
25 and repercussions. They tend to stay underground not  
26 out in the open, if indeed, they may be having  
27 problems. And again, this may be balanced against  
28 many people who can use these things very construc-  
29 tively.

30                   So as well as driving the problems



1 underground when they exist, I think there is  
2 speculation that the sanctions against this drug  
3 are driving the market underground also, and are  
4 putting the sale of drugs into the hands of possible  
5 criminal elements. Drugs have been associated with  
6 the Mafia, etc. This is a speculation which may  
7 or may not exist; I don't know.

8 Thirdly, the possibility of an  
9 impure product when the sale and distribution of  
10 drugs are not controlled, I think, is an imminent  
11 one. It has been pointed out this morning, that  
12 many people who have taken drugs and who have been  
13 observed, have not seemed to suffer from the effects  
14 of any contaminated pot or marijuana or whatever,  
15 and therefore that probably wasn't contaminated, but  
16 the possibility was always there, and to ensure a  
17 pure product, I think, may be one of the goals of  
18 the proposals which we are setting forth here.

19 As far as the harmful effects  
20 of marijuana are concerned, and still focusing on  
21 marijuana, I personally believe that the burden  
22 of proof for the harmful effects lies with the  
23 accusers and lies with the State if indeed they are  
24 imposing sanctions against its use. I think this  
25 is a moral-ethical type of a situation, of legal  
26 ethics and moral ethics, where we have to assume  
27 that something is harmless and can be used con-  
28 structively by trustworthy people until it has been  
29 proven harmful. The negative stance which many  
30 individuals are taking about not legalizing marijuana





1 because it has not yet proven harmless, is a never-  
2 ending one; in other words, can we ever prove anything  
3 harmless? But we can certainly attempt, after  
4 legalization, to continue our searches and our ex-  
5 perimentation to see if there are any harmful effects  
6 and then inform people of the same. But the negative  
7 stance of putting the burden of proof on individuals  
8 to prove that it isn't harmless, is a rather tail-  
9 biting, somewhat unrewarding, unfulfilling proposition  
10 at best.

11 I think too, that we have cer-  
12 tainly, with regard to marijuana and youth - and I  
13 think not only youth here. In all fairness to my  
14 knowledge of Saskatoon and its citizens, there are  
15 many people who are not chronologically youths, who  
16 are now using marijuana, therefore we can't say our  
17 proposition<sup>is</sup>/with youths. But we have certainly created  
18 a credibility gap in lumping all drugs under the  
19 heading of drugs, and thus trying to comment on the  
20 control of them and discuss them. You have, in effect,  
21 confused the effects of LSD with the effects of  
22 marijuana. We know that the punch which LSD packs  
23 is certainly a most definitely, severely hallucinogenic  
24 one, possibly constructive, possibly destructive,  
25 depending on the person and situation. But the same  
26 thing does not apply to marijuana, that it is, at most,  
27 mildly and transitory hallucinogenic, and rarely  
28 causes dangerous or impulsive behaviour on the part  
29 of the user. In fact, we know just the opposite  
30 occurs. There is a kind of soothing, quieting of



1 the user, and I am referring to a series of sixty  
2 experiences that were investigated at the university  
3 in connection with marijuana, here.

4 Therefore, with this preamble,  
5 I would like to present the proposals of the Associ-  
6 ation of Social Workers which are two, namely this:  
7 We recommend that: (a) The criminal sanctions placed  
8 against the use of marijuana and hashish should be  
9 withdrawn and a marketing system ensuring the purity  
10 of the product be established; for example a system  
11 similar to that for the sale of alcohol.

12 The system for the sale of alcohol  
13 is certainly another question again, isn't it?

14 And, (b) What is also required  
15 is a massive and concerted effort to obtain the  
16 necessary research data which will clarify and  
17 resolve a number of the physiological, psychological  
18 and social questions which revolve around the use of  
19 cannabis or marijuana.

20 Those are the recommendations.

21 Secondly, with regard to LSD,  
22 as I mentioned, it certainly does pack a powerful  
23 punch as a hallucinogenic, given that it is used.  
24 Given the situation and the person who uses it, and  
25 the situation in which it is used, it can certainly  
26 be harmful and have many harmful effects on the  
27 individual. I think that doctors can attest to this  
28 in admitting individuals who have taken overdoses  
29 in non-constructive settings where there hasn't been  
30 support, in the case of panic and fright, and where









1 the hospital here, and they have found it has, in  
2 individual cases, tremendous therapeutic values  
3 which are certainly not to be denied. But, of course,  
4 the warning again, that taken in non-therapeutic  
5 situations it can harm individuals and may cause  
6 impulsive or dangerous behaviour.

7 With this preamble, we make  
8 recommendations concerning the use of marijuana. We  
9 recommend that: (a) Removing the criminal sanctions  
10 from this drug, since we consider it inappropriate  
11 to classify LSD users as criminals, and ---

12 THE CHAIRMAN: I'm sorry, I  
13 misunderstood you, Mr. Vickers, I thought you said  
14 you were going to sum up recommendations of the use  
15 of marijuana. Did you mean to say LSD?

16 MR. VICKERS: I meant to say LSD.  
17 Did I say marijuana? I meant to say LSD.

18 With regard to the use of LSD  
19 we recommend removing criminal sactions since we  
20 consider it inappropriate to classify users as  
21 criminals; (b) A realistic research programme be  
22 undertaken. The Commission must acknowledge that  
23 at present it is easier for a thirteen year old  
24 school child to purchase LSD than it is for a legi-  
25 timate scientist, and this indeed has been my  
26 experience, and LSD can be purchased through various  
27 sources in this city, but scientists are having one  
28 devil of a time getting it for their therapeutic research  
29 purposes; and (c), the third recommendation, since  
30 many individuals desire the LSD experience, some



1 mechanism must be provided where this can occur so  
2 that the individual is protected from impure substance  
3 and when "bad trips" occur, he has access to pro-  
4 fessional assistance.

5 Those would be our three recom-  
6 mendations with regard to LSD.

7 We have lumped the remaining  
8 categories of drugs together: hard drugs, the harmful  
9 effects of which are known; these are morphine and  
10 opiate derivatives, heroin, etc.; the barbiturates,  
11 the amphetamines are in this other bag of drugs.  
12 While these have a medically valid use attested to  
13 by physicians, we feel that the uncontrolled sale of  
14 these drugs would certainly not be a constructive  
15 thing to do. With this preamble, we have further  
16 recommendations for this rather amorphous bag which  
17 we have summed up with.

18 The Association recommends that  
19 (1) Criminal sanctions be retained for unauthorized  
20 sellers of these drugs; that (2) Treatment centres  
21 be established for those addicted to the drugs and  
22 criminal sanctions against their use be removed as  
23 is presently the case in England. Reference was made  
24 this morning to the Wilde Report and other reports  
25 that have led to the legalization of heroin in  
26 England. They found that in trying to teach addicts  
27 under threat and coercion, and that legal sanction  
28 was failing because <sup>in</sup> attempts to deprive a heroin addict  
29 of his source of new supply you won't get co-operation  
30 with respect to treatment if he requires this and needs



1 it, but you will get panic response, attempting to  
2 maintain a source of supply. And secondly, by  
3 separating the addict from his source; it was felt  
4 that between the addict and the source range a full  
5 site of criminal activities in order to attain the  
6 drugs, and so the harmful social effects could be  
7 reiterated, but providing the heroin addict with a  
8 supply of heroin and treatment could also be effected,  
9 also perhaps once the addict secured the supply so  
10 desired.

11 Three, the provinces if they wish  
12 could enact appropriate legislation under The Mental  
13 Health Act which would provide for the treatment of  
14 convicted persons.

15 MR. STEIN: Say that again.

16 MR. VICKERS: That the provinces  
17 if they wish could enact legislation under The Mental  
18 Health Act which would -- I sense a bit of contradiction  
19 there in removing the criminal sanctions here, however,  
20 be that as it may ---

21 THE CHAIRMAN: I was just wondering,  
22 Mr. Vickers, I want to be clear on those last recom-  
23 mendations, what they apply to. As I understood, you  
24 were referring to the grouping under the heading of  
25 hard drugs, opiates, narcotics, barbiturates, ampheta-  
26 mines, is that right?

27 MR. VICKERS: That is correct, yes.

28 THE CHAIRMAN: And then I under-  
29 stood you to say that the uncontrolled sale would not  
30 be advisable, and then, that criminal sanctions be





1 retained for unauthorized sellers. Then I understood  
2 you to say, criminal sanctions against use of these  
3 drugs be removed.

4 MR. VICKERS: That is correct,  
5 but once the addiction or the use is a fait accompli,  
6 as it were, that criminal sanctions would lose their  
7 effectiveness or power and it becomes a matter of  
8 treatment, and treatment under the threat and coercion  
9 of criminal sanctions has been notoriously unrewarding  
10 in the past, as it probably will be in the future.

11 THE CHAIRMAN: What is your precise  
12 recommendation as to the system -- the availability  
13 of these drugs? Are they to be made legally available  
14 at any degree? I'm not sure I see just precisely  
15 what you are recommending about their availability.

16 MR. VICKERS: The last group of  
17 drugs here?

18 THE CHAIRMAN: Yes.

19 MR. VICKERS: I think we would  
20 recommend the controlled availability the way that  
21 we control the drugs through the use of prescription,  
22 and in the case of addicts, I would suppose that  
23 perhaps their controlled dosage and usage in the  
24 case of the addict, who we feel should have access  
25 to this drug because of his addiction, but be through  
26 prescription and would be through a physician.

27 THE CHAIRMAN: And for addicts --  
28 controlled availability, for addicts?

29 MR. VICKERS: That's right.

30 THE CHAIRMAN: Who would determine



1 the right -- who would determine whether the person  
2 was an addict and if he was entitled to obtain it  
3 by prescription?

4 MR. VICKERS: Yes, we haven't gone  
5 into this. In speaking to the question though, I  
6 suppose that a board of individuals might possibly  
7 determine this, but perhaps we could take the word  
8 of the addict for it also. I think that in the end  
9 we might have to. If someone says they are addicted,  
10 maybe they really are addicted, and we would have  
11 to trust to this, but if this was not acceptable, I  
12 suppose the alternatives of some sort of board with  
13 professionally qualified people to judge the addiction  
14 and the proposed method of treatment could be advised  
15 too.

16 DR. LEHMANN: You would not  
17 consider a medical decision; an objective examination  
18 of the person? It would either be a board or the  
19 person's statement? I am wondering why you would  
20 rule out the medical examination?

21 MR. VICKERS: I would not rule  
22 that out. I think probably this started my thinking  
23 of the board, and the idea would be, one would be  
24 a medical examination -- perhaps this could be  
25 sufficient. However, I guess where I get caught  
26 here is thinking of the social side, that is to say,  
27 not only is there a need for the medical determination  
28 of addiction, but also for the social treatment of  
29 the individual, and this would usually involve the  
30 close collaboration of the physicians, psychiatrists,



1 social workers, or whoever.

2 DR. LEHMANN: Not for the availa-  
3 bility of the drug, but for the treatment?

4 MR. VICKERS: For the treatment  
5 if the individual is so inclined. When it comes to  
6 forced treatment on the individual, this has not been  
7 successful and I think it would have to be up to the  
8 individual to indicate whether he wanted to look at  
9 it -- depending on his state of discomfort -- look  
10 at it as addiction or the problems surrounding him,  
11 and try to effect some sort of cure or standoff.

12 THE CHAIRMAN: On the agenda  
13 here it says; it describes you as representing the  
14 North Battleford, Prince Albert, Saskatoon, Saska-  
15 tchewan branches of social workers. Is this sub-  
16 mission made on behalf of this Association, or is it  
17 a personal submission?

18 MR. VICKERS: It is made on behalf  
19 of the three branches of the Association. Unfortu-  
20 nately, we were not able to pass the recommendations  
21 unanimously throughout the province, but we elected  
22 on behalf of these three branches that did see  
23 the recommendations, to present this today.

24 THE CHAIRMAN: What is the total  
25 membership of these three branches?

26 MR. VICKERS: The total member-  
27 ship -- that I cannot honestly say.

28 THE CHAIRMAN: Roughly?

29 THE PUBLIC: About 175 to 200.

30 MR. VICKERS: 175 to 200 at present.





1 THE CHAIRMAN: Are these all  
2 the social workers in Saskatchewan, organized, more  
3 or less?

4 MR. VICKER: Those who wish to  
5 belong to it.

6 THE CHAIRMAN: What proportion  
7 of the social workers in Saskatchewan would you say  
8 belonged to this Association, roughly?

9 MR. VICKERS: Could you answer  
10 to that?

11 THE PUBLIC: I would say about  
12 80%.

13 MR. VICKERS: 80%.

14 THE CHAIRMAN: How were the  
15 recommendations submitted for consideration and  
16 approval; at a meeting of all the branch members?

17 MR. VICKERS: Yes, at a general  
18 meeting. As a matter of fact, the meeting for these  
19 three areas was called for last night, at which time  
20 the submission was discussed and the preamble and  
21 the recommendations, and then voted on, and it was  
22 carried unanimously except for one, that this sub-  
23 mission should be accepted and presented today.

24 MR. CAMPBELL: When you say that  
25 Regina, and possibly one other branch was missing,  
26 was this because they rejected the recommendations?

27 MR. VICKERS: They rejected them  
28 as they stood, and they wanted a rewriting. The  
29 original plan was to present a submission to all the  
30 Saskatchewan branches for their discussion, and then



1 it would be revamped if it was unsatisfactory, and  
2 finally presented to the Commission. However, we  
3 felt as the Commission was meeting today, and that  
4 you would want to hear these today, we have thus  
5 presented them.

6 MR. CAMPBELL: At one point in  
7 your brief you referred to some sixty experiments  
8 with cannabis at the University of Saskatchewan.

9 MR. VICKERS: Sixty reports of  
10 experiments. People involved in the research of  
11 cannabis did reports on previous experimentation  
12 and one of the individuals who was involved closely  
13 with the experimentation -- I requested that he  
14 sum up findings of these reports and the readings  
15 of these reports. Insofar as we could ascertain,  
16 they have no grounds on which to say that the use  
17 of marijuana physically was harmful, and I am  
18 repeating this kind of summation, of I think, a  
19 total of some sixty plus research experiments that  
20 they called in for.

21 MR. CAMPBELL: Now, when you  
22 say sixty experiments, some part of the sixty, but  
23 not all were carried out at the University of  
24 Saskatchewan? Is this the implication that you get?

25 MR. VICKERS: I would say no.  
26 I think that probably none of them were at the  
27 University of Saskatchewan but I would stand to be  
28 corrected on that.

29 MR. CAMPBELL: This was a review  
30 they made of the experimental literature?



1                   MR. VICKERS: That is correct,  
2 a submission of their findings.

3                   MR. CAMPBELL: In your recom-  
4 mendations on cannabis, and I am going from memory  
5 here, I haven't got a good note on it but I think  
6 you said something to the effect that cannabis should  
7 be made available under controls similar to those  
8 that are now applied for distribution of alcohol.

9                   MR. VICKERS: That is correct.

10                  MR. CAMPBELL: One aspect of  
11 the control of alcohol distribution is one of age,  
12 usually twenty or twenty-one, I think, in Canada.  
13 Should one conclude from your recommendations that  
14 you are then saying that cannabis should be available  
15 to those over twenty-one in a manner similar to the  
16 way in which alcohol is available to those over  
17 twenty-one?

18                  MR. VICKERS: In the brief we are  
19 stating a principle that it should be made freely  
20 available to ensure the pure supply to those indivi-  
21 duals who wished it. These other considerations such  
22 as age are not dealt with specifically.

23                  During the discussion last  
24 evening, there were individuals who felt that it would  
25 be realistic to impose a minimum age limit on the  
26 sale of cannabis. I must say that personally I feel  
27 that age limits are somewhat unrealistic, as making  
28 it available at all, tends to make it available to  
29 all. I think that restrictions imposed by parents  
30 on children, by education, etc., would have to suffice





1 with the human individual, and that any sort of  
2 restrictions are unrealistic. However, this is a  
3 philosophical question, and there are probably  
4 various opinions on that point.

5 MR. CAMPBELL: What is the  
6 opinion of the Association?

7 MR. VICKERS: I couldn't state  
8 any opinions of the Association.

9 MR. CAMPBELL: So, your recom-  
10 mendation is it should be legal generally without  
11 age restrictions, similar to the use of alcohol?

12 MR. VICKERS: Yes. We had quite  
13 a bit to deal with last night and we couldn't get  
14 down to the very fine points of age under this. We  
15 wanted to go over the overall principles, and I think  
16 in our organization there will be more debate and  
17 discussion as to just how they should be enacted and  
18 carried out.

19 MR. CAMPBELL: Now, a number of  
20 people who have made somewhat similar proposals,  
21 have nonetheless suggested that there may be dangers  
22 in cannabis use among the rather young, and they  
23 tended to refer to the effect of marijuana on  
24 psychological development, as an individual passes  
25 from one stage of maturity to another or is passing  
26 through a period of development crisis. At least,  
27 this has been put to us as a hypothesis. Would you  
28 like to comment on your view of the possible dangers  
29 or absence of dangers of cannabis use among the  
30 pre-teen or the early teenager?



1 MR. VICKERS: I don't know that  
2 I know of any proven harmful effects in this area.  
3 My knowledge of human behaviour, and I happen to be  
4 a teacher in this area, in what we call pre-adolescent  
5 or latency children, would be pretty subject to the  
6 wishes of their parents on this matter, because, all  
7 other things being equal, pre-adolescent or latency  
8 children do follow the wishes of their parents with  
9 regard to many of these things. When we get into  
10 puberty and adolescence, which is really the crisis  
11 of identity in terms of the cycle of human growth  
12 and development, the paths that may be taken for  
13 self-actualization, for self-fulfilment, for the  
14 discovery of one's own personal identity, where this  
15 goes from there, are many. People might want to find  
16 it through the use of drugs and there must be a  
17 hundred and one or a thousand and one other paths  
18 where they can go through the stage of this particular  
19 growth. That is about as far as I am able to comment  
20 on that question.

21 THE CHAIRMAN: Have you had any  
22 experience -- I was going to say, if you have had  
23 direct experience as a social worker, Mr. Vickers,  
24 with drug users?

25 MR. VICKERS: Yes. As a parole  
26 supervisor, I supervised the parole of a number of  
27 users, individuals for addiction to heroin, and also --  
28 mainly addiction to amphetamines. There doesn't seem  
29 to be a "hard drug problem" in this area, with  
30 reference to heroin and other drugs, but there is some



1 difficulty with the use of amphetamines.

2 This individual was examined  
3 extensively by psychiatrists at the University  
4 Hospital. We made this a collaborative effort in  
5 terms of social workers, psychiatrists and physicians,  
6 a collaborative effort on treatment. He was examined  
7 and judged to be physiologically, and most likely,  
8 psychologically addicted to amphetamines. Now, the  
9 opinion given by the examining psychiatrist was  
10 this: That she had never seen any cured drug addict  
11 and therefore, we concluded, after much discussion,  
12 that possible the best course of action would be to  
13 maintain a supply for this particular addict knowing  
14 that if he didn't get a supply he would likely  
15 indulge in criminal activities to find the money  
16 to get an illegal supply, and knowing that if he  
17 did get a supply the threat and coercion might be  
18 removed and he might be amenable to treatment,  
19 possibly.

20 We subsequently followed this  
21 course of action with this individual with a great  
22 deal of success. It has been now about two years  
23 since his release into the community and I do believe  
24 he is still on parole and that there has been no  
25 recidivism, in his case, going back to jail. We  
26 conclude, therefore, that this course of action has  
27 been a constructive one.

28 However, it can't be followed  
29 to the point of treatment and this is where the  
30 problem comes in. While we can provide a supply





1 of drugs for addicts through physicians who are to  
2 take the risk, and I agree there is some risk here,  
3 regarding these drugs, from physicians I have spoken  
4 to, but when we address ourselves to the question  
5 of treatment, other than individual psychotherapy,  
6 we can't really offer much in this area and indivi-  
7 dual psychotherapy is directed to motivated individuals  
8 usually of average or above average intelligence and  
9 ability to communicate. We can really make use of this  
10 one to one psychotherapy.

11 There are groups in the city,  
12 therapeutic groups, which are giving it a type of  
13 therapeutic treatment, and you might be able to join  
14 a group like this, but really the number of avenues  
15 open to individuals like this, because of finances,  
16 because of limited treatment sources, are very few.  
17 Therefore, we couldn't go all the way in this area  
18 and this man presently is in a state of limbo on  
19 amphetamines. And the whole adage that, "Speed Kills"  
20 is certainly one that we had to keep in mind at this  
21 point and this man's life span is going to be consi-  
22 derably shortened because he is on amphetamines, but  
23 it becomes a choice of choosing between evils almost,  
24 in terms of treatment.

25 DR. LEHMANN: How much is he  
26 taking or getting, do you know?

27 MR. VICKERS: I think he is taking --  
28 he is taking three or two 15 milligram pills of  
29 Desbutol daily, and along with this has been prescribed  
30 a tranquillizer, I believe, also.



1 DR. LEHMANN: Well, that doesn't  
2 in any way compare, probably, with what he took before.  
3 He probably took ten or twenty times as much, and  
4 he took it intravenously; is that right?

5 MR. VICKERS: Yes, there was  
6 some intravenous taking, and there was a rather  
7 uncontrolled use previous to this. When he was faced  
8 with the controlled use, it seemed to have a beneficial  
9 effect in calming him down, in other words, getting  
10 someone to limit the amount he would take. We left  
11 the door open at all times with discussions with the  
12 social worker or physician with regard to increasing  
13 the dosage if he felt it needed to be increased, and  
14 in this way to kind of create a safety valve so he  
15 wouldn't feel that all avenues for increase were  
16 closed, but to this date there has been no request  
17 for an increase in dosage, and this has been for the  
18 past two years. We can't include all variables.  
19 We don't know whether he is getting anything on the  
20 side or not, but the fact is, he has not been con-  
21 victed of a criminal offence and he has stayed out  
22 of trouble for two years.

23 DR. LEHMANN: I am just not quite  
24 clear why you single this case out. It seems to be  
25 the very ordinary medical treatment of a condition.  
26 What is so extraordinary about it?

27 MR. VICKERS: What is extraordinary  
28 is that, I think this is probably the first time that  
29 I know of where there has been collaboration in this  
30 community, and I would stand to be corrected by the



1 people, the first time where I know there has been  
2 collaboration between the social workers and physi-  
3 cians in determining an addicted state, and then  
4 in the prescription of a legally controlled dosage  
5 of drugs. Many physicians in the community kind of  
6 shy away from this, and as I say, even the physicians  
7 who are prescribing this drug in the line of treat-  
8 ment, I think had some concern about the legality  
9 of this, with the possible ethical considerations  
10 or sanctions which might be taken from the law or  
11 the Food & Drug Directorate or the R.C.M.P. or possibly  
12 their Association in which there is great debate now  
13 about the prescription of drugs on this basis.

14 DR. LEHMANN: Did they say this?

15 MR. VICKERS: Yes.

16 DR. LEHMANN: There is always  
17 the question of whether this is clinically the best  
18 treatment or not, but what you mention is ethical  
19 forms and fear of the law. Did the doctors mention  
20 this to you?

21 MR. VICKERS: Yes, this is what  
22 was communicated to me. So this, as far as I know,  
23 was a unique case in this community. This is as far  
24 as I can say.

25 MR. STEIN: In this case, and  
26 I am addressing you now as a social worker, you refer  
27 to the presumed success of the case and then you  
28 indicated the criteria for the success had to do with  
29 the lack of return to jail. Do you have any personal  
30 views? I don't think it can be something that the





1 Association would have, but as to what the content  
2 of treatment might consist of aside from what seems  
3 to me to be a bit of a negative criterion, namely  
4 the lack of a return to jail. Or is this the only  
5 criterion you would apply?

6 MR. VICKERS: Indeed it is a  
7 negative criterion, a kind of negative success. In  
8 terms of the man's own stability it was certainly  
9 more positive things happening here in terms of his  
10 settling down himself emotionally, and things like  
11 this, but by and large, yes, it was a negative success.

12 In terms of positive treatment,  
13 I think there must probably be many avenues of  
14 treatment open to individuals. As I say, the making  
15 available of person<sup>al</sup> psychotherapy, of group therapy,  
16 perhaps something along the pattern of, and the  
17 method of which alcoholics are treated at this time  
18 in residential centres with the support of a group  
19 of individuals with like problems, it could take  
20 many forms I think, in the probable rehabilitation.

21 THE CHAIRMAN: What I don't  
22 understand is, why was this person in jail for  
23 amphetamines? There is no prohibition against simple  
24 possession for use of amphetamines. What was the  
25 crime on which he was convicted?

26 MR. VICKERS: He was involved  
27 in the selling of drugs which were illegal.

28 THE CHAIRMAN: Trafficking.  
29 So, his addiction was incidental. It was a condition  
30 he had, but it wasn't related to his crime.



1 MR. VICKERS: It was felt there  
2 was a rather direct relation to crime here, as direct  
3 as we could make it out. At any rate, he needed a  
4 fairly consistent source of supply himself, but he  
5 was unable after a point to get this source from  
6 physicians around town. They would not prescribe to  
7 him after they got to know him, and therefore he  
8 would have to buy the source and therefore needed the  
9 money, etc. And so you have, therefore, this sort of  
10 causal effect.

11 MR. STEIN: I have another  
12 question on the LSD experiments that are going on,  
13 that you said, as I recall it, you were in some way  
14 affiliated with at the hospital, or that you are  
15 acquainted with.

16 MR. VICKERS: It is not affiliated  
17 in a professional sense, but as far as knowing the  
18 people who are undergoing the experimentation, sitting  
19 with them, had the drug myself, administered in a  
20 therapeutic sense; in this sense, yes.

21 MR. STEIN: Did you say that  
22 present use of the drug was being made of, previously  
23 available supplies, and that -- perhaps, I will ask  
24 the question which is: Is it now the experience of  
25 the researchers at the hospital that they are able  
26 to obtain LSD for continuation of their use, or is  
27 this not a practical necessity because they have a  
28 supply on hand?

29 MR. VICKERS: Well, the situation  
30 as I understand it from psychiatrists involved, and



1 doctors involved, it is now practically impossible  
2 to obtain new and fresh supplies of LSD, that the  
3 psychiatrists who were using LSD as part of a thera-  
4 peutic experience were first of all using the legacy  
5 of Dr. Hoffer's original experience, and secondly,  
6 I believe it was some time early last year that they  
7 turned and called in all the existing supplies from  
8 Saskatchewan hospitals to this one centre for con-  
9 tinued experimentation and treatment. And when this  
10 supply is gone there appears to be no other source  
11 possible because of the stringent controls on it.

12 DR. LEHMANN: It is just with  
13 regard to the treatment? I am still somewhat con-  
14 fused. You wondered about the legality, or said  
15 that doctors had been wondering about the legality  
16 of ordering perfectly acceptable doses of ampheta-  
17 mines, which is quite legal, as they had frequently  
18 done in the order of which thousands prescribe  
19 diet pills and so on. And yet LSD, which is  
20 questionable in its clinical ethicacy, -- I don't  
21 know whether anyone would agree with your statement  
22 that there is no doubt about the ethicacy in reviewing  
23 the whole literature, when it comes to the conclusion  
24 that there is a great<sup>need</sup>/felt. But with this clinical  
25 question, there is also the point that you just made,  
26 that there are no legal supplies for LSD, so that  
27 would be a legal question about the treatment, and  
28 yet you expressed only this puzzlement over the  
29 amphetamine treatment. I don't see why the different  
30 standard.





1 MR. VICKERS: Well, I don't  
2 know about the different standard, but I guess I do  
3 insofar as I differentiate between the possible  
4 value of the drugs and the existing use. I personally  
5 am convinced, just in my own case, of the therapeutic  
6 ethicacy of LSD, and it depends very much on the  
7 person, and the situation and their readiness for  
8 the experience, and other things. But the research  
9 done here, the conclusions have been that it does  
10 have a place in clinical therapy.

11 As far as amphetamines are  
12 concerned, some of this wonderment that you mention  
13 may be because the treatment of addiction in this  
14 community is relatively a new consideration, and  
15 that it may be more the ethical considerations  
16 concerning the physicians involved than the legal  
17 ones, although I also had conveyed to me some con-  
18 cerns about the great prescriptions of these ampheta-  
19 mines in controlled doses, and I believe there was  
20 some correspondence between these physicians and  
21 the R.C.M.P. Drug Control in Ottawa, for whatever  
22 reason, I can't be sure at this point, but at least  
23 this question was raised.

24 DR. LEHMANN: There was no  
25 correspondence about the LSD? That simply was  
26 obtained somehow?

27 MR. VICKERS: Well, this has  
28 certainly been a question in my mind. These are  
29 two different experiences that I have had. One as  
30 a co-therapist, and the other as a patient



1 under psychoanalysis and psychotherapy, and in my  
2 mind there is a question here. You are saying ---

3 DR. LEHMANN: Well, I would say  
4 that it is perfectly legal to prescribe amphetamines  
5 but it is not legal to prescribe LSD, and it is  
6 generally accepted that amphetamines are to be used  
7 in clinical treatment, and it is not so for LSD.

8 MR. VICKERS: Yes, right. I can  
9 only say -- I cannot disagree with that. The thera-  
10 peutic use of LSD now is legal in the university,  
11 I believe, in connection with many other experiments  
12 that they are doing, and that is that it is not  
13 prescribed in strict terms of therapy, but also  
14 in conjunction with other experiments involving the  
15 electro-encephalograph and some doctors have been  
16 involved with other experimentation for research  
17 purposes.

18 THE CHAIRMAN: I don't remember  
19 if I asked you about the total membership of your  
20 Association. What is the total membership, including  
21 the other branches?

22 MR. VICKERS: The total member-  
23 ship? Could I call Mr. Novack again, please, for  
24 the total membership.

25 MR. NOVACK: There is approximately  
26 190 in the whole province.

27 THE CHAIRMAN: What is the total  
28 membership of the three branches then?

29 MR. NOVACK: It would be about  
30 75 to 100.



1 THE CHAIRMAN: How many people  
2 voted in favour of this submission, roughly?

3 MR. VICKERS: Of the number of  
4 people who attended the meeting, roughly 35 or 40  
5 people in attendance. The vote was unanimous except  
6 for one. Those would be pretty well the figures.

7 DR. LEHMANN: May I ask on what  
8 do you base your statement that the ethicacy of  
9 LSD therapy is in question?

10 MR. VICKERS: The question is,  
11 if in the judgment of the therapist and the patient,  
12 given the circumstances of the patient's readiness,  
13 these are all variables, but my statement to that  
14 effect would have to be based on my own experience  
15 in terms of therapy.

16 THE CHAIRMAN: What, Mr. Vickers,  
17 do you feel is the role of the social worker in  
18 relation to the phenomenon of the non-medical drug  
19 use? As a professional, what do you feel is your  
20 role?

21 MR. VICKERS: Well, in effect,  
22 as I say, as a parole officer, I was dealing with  
23 addicts and ex-addicts and the problems that they  
24 had, and in terms of therapeutic relationship with  
25 them. This would be, I think, the role in that case.  
26 Certainly, social workers in other areas such as  
27 health clinics, hospital settings and working with  
28 psychiatrists, doctors and in probation -- probation  
29 officers in Saskatchewan are employees under the  
30 Department of Welfare, and all sorts/of problems where





1 drugs are involved, the social worker has a role  
2 as a mediator and therapist and helper, given the  
3 client's wishes and co-operation. I would see a role  
4 of therapy here.

5 THE CHAIRMAN: You have spoken  
6 about the legal regulation of the drug. You have  
7 not expressed any views on non-medical -- any views  
8 or judgments on non-medical drug use as such or on  
9 causes of it, or alternatives to it. Have you any  
10 views on this matter? Do you have an approach or  
11 attitude towards the non-medical drug use -- as a  
12 social matter?

13 MR. VICKES: Well, as an  
14 individual and as a social worker, I think that I  
15 have a lot of trust in individuals, that given the  
16 proper education around drugs, and that is an  
17 objective and factual interpretation of possible  
18 drug effects and possible drug benefits, that people  
19 should be allowed and indeed able to make a free  
20 choice around the use of drugs. This, I think, would  
21 be the foundation of all the work that I do, and  
22 my own personal philosophy as an individual. We  
23 tend to lay a great deal of stress on abuse, and  
24 certainly the effects of some of the drugs in some  
25 of the situations, people should be warned of these.  
26 I personally, having experienced the benefits of  
27 taking LSD, would not recommend the non-medical,  
28 non-therapeutic, LSD experience for individuals  
29 because of possible harmful effects.

30 As far as marijuana is concerned,



1 I think that here again, there should be a great  
2 degree -- a complete area of choice on the part of  
3 the individuals; whether they want to use marijuana  
4 or not.

5 As far as these other drugs  
6 are concerned, they should be controlled, but insofar  
7 as their dealing with the addict, so far it has only  
8 been aggravated. We have not to punish the addict  
9 but be of assistance to him, and the philosophy at  
10 this time is punitive, Dark Ages philosophy, and in  
11 the light of our present knowledge about it and the  
12 ethicacy of our treatment, it is indeed lacking in  
13 most cases, and we have to do a complete turn-about  
14 in terms of our philosophy in our dealing with this.

15 THE CHAIRMAN: Is the notion  
16 of free, informed choice based on any assumption  
17 as to a minimum age or stage of development in the  
18 human being?

19 MR. VICKERS: Yes, very definitely.  
20 I think that we get here, <sup>into</sup> / the whole question of  
21 permissive child rearing, if you like, and I would  
22 differentiate this from the plight of the adolescent.  
23 This is to say, that adults, while they should let  
24 children be, in terms of their growing up, this does  
25 not mean -- permissive does not mean an abrogation  
26 of mature adult responsibilities towards the pro-  
27 tection of the child. And in this case, in the  
28 younger era, the younger age, this decision about  
29 the drugs would often be made by the adult.

30 However, as the individual gets



1 into adolescence and is able to assume -- is able  
2 to make choices on his own conscience and his own  
3 experience and intelligence and wisdom and whatever  
4 else, that he should be allowed these choices, and  
5 indeed must be allowed these choices to grow as an  
6 individual as he can make them, and here again, this  
7 does not mean complete lack of discipline or control  
8 or abrogation on the part of parents, but a firm  
9 guiding and an authority that does not come from  
10 law or legal measures or punitive measures but an  
11 authority that comes from adults to youth from the  
12 channels of good feeling and wisdom. And the help  
13 of the adult is his own authenticity and his self-  
14 actualization and wisdom, the authority that he has  
15 as a result of these things and not the authority  
16 that he has as a result of legal sanctions. This is  
17 a far more powerful authority than any legal sanctions  
18 and indeed, the legal sanctions fail miserably when  
19 they are used in place of the authority, wisdom  
20 and experience that adults have.

21 THE CHAIPMAN: Well, you speak  
22 of authority of adults as an example, but does the  
23 protection of the child justify an attempt to restrict  
24 the availability of a substance or the child's  
25 accessibility -- the substance's accessibility to  
26 the child?

27 MR. VICKERS: I would think, yes,  
28 and if you see a child walking into a dangerous  
29 situation unaware and uninformed as to how to make  
30 the choice, the only responsible situation for the





1 adult is to prevent the child from being harmed  
2 and I think this comes into the whole area of our  
3 protection of our children. However, if we carry  
4 this into the protection of adolescents and use it  
5 indiscriminately in the same way as we do with --  
6 and treat adolescents and adults in the way that  
7 we treat children we are only preventing people  
8 from growing and maturing and wising-up, if you like.

9 THE CHAIRMAN: Any other obser-  
10 vations?

11 Dr. Lehmann?

12 DR. LEHMANN: Just one question.  
13 Did you recommend criminal sanctions be invoked  
14 against the trafficking of LSD?

15 MR. VICKERS: Yes, we did.  
16 One of the recommendations is, criminal sanctions  
17 be retained.

18 I have personal recommendations  
19 I will certainly take to reading, a kind of philo-  
20 sophical question here of robbing the individual  
21 of responsibility for his own acts. I don't know  
22 who is responsible for the addict, the addict or  
23 the trafficker. I strongly suspect it is the addict  
24 himself, but not the trafficker. But the problem  
25 of the trafficker would agree with the more lenient  
26 social attitude, but the way we have presented it  
27 here and my presenting it to the membership is the  
28 recommendation that sanctions be retained against  
29 trafficking.

30 THE CHAIRMAN: Any questions or



1        comments?

2                                Thank you very much, Mr. Vickers,  
3        for your assistance this afternoon.

4                                I call now on Mrs. Benjamin  
5        and the other ladies of the Swift Current Local  
6        Council of Women.

7                                Excuse me, I wonder, Mrs. Benjamin,  
8        if you would tell us about the Swift Current Local  
9        Council of Women, and what the membership is.

10                               MRS. BENJAMIN: The Swift Current  
11        Council of Women represents 21 federated organizations  
12        within the city. These organizations predominantly  
13        have women membership, but any group of parents,  
14        including both men and women can have membership  
15        in our Council. We have one group which has both  
16        men and women in our Council.

17                               These federated groups are  
18        educational, cultural, social, federated with church  
19        organizations, and auxilliaries, anything that has  
20        to do with the working toward the betterment of the  
21        community.

22                               THE CHAIRMAN: Thank you.

23                               MRS. BENJAMIN: We have our  
24        brief written, and I believe you have copies in  
25        front of you. I shall read it as it is written  
26        with the exception of one addition where we include  
27        "and marijuana" on page 6. Otherwise I will read  
28        it as it is written.

29                               THE CHAIRMAN: Could we just  
30        get that correction entered now?



1 MRS. BENJAMIN: Page 6, at the  
2 bottom of the page, 3rd line from the bottom, after  
3 the word drugs, we wish to add "including marijuana".

4 THE CHAIRMAN: Sorry, is that  
5 the sentence that begins, "The illicit production  
6 of and distribution for non-medical use of these ---

7 MRS. BENJAMIN: Including  
8 marijuana.

9 Our brief, just for your infor-  
10 mation, Mr. Chairman, before I read, our brief was  
11 prepared early in March. Rough drafts were sent to  
12 the various service clubs throughout the city who  
13 are not affiliated with the Council of Women, and  
14 we have here three letters of approval, and complete  
15 endorsation of our brief. Copies of these letters  
16 have been presented to you for your perusal. I would  
17 like, for the benefit of those here, to read these  
18 three letters. One comes from the Kiwanis Club.

19 THE CHAIRMAN: Excuse me, do  
20 we have the letters?

21 MRS. BENJAMIN: Your secretary  
22 has them. We presented them today.

23 THE CHAIRMAN: Excuse me.

24 MRS. BENJAMIN: The Kiwanis  
25 Club of Swift Current. It reads this: "The Swift  
26 Current Council of Women, Swift Current, Saskatchewan,  
27 dated, "April 6th, 1970".

28 "Dear Ladies: The Support of Churches  
29 Committee of the Kiwanis Club of Swift Current has  
30 now had opportunity to review the brief of the Local





1 Council on the non-medical use of drugs with  
2 reference to youth. We concur with the basic  
3 recommendations and we authorize Council to use  
4 this letter in the endorsement of the brief."

5 Signed by The Kiwanis Club.

6 Another one comes from the  
7 Royal Canadian Legion.

8 "Mr. Chairman and members of  
9 the Commission: All members of this branch of the  
10 Royal Canadian Legion wish to heartily endorse the  
11 recommendations contained in this brief."

12 Signed by the President.

13 The other one comes from, it  
14 says, from the Rotary Club, and it says: "To the  
15 Chairman and the members of the Commission on the  
16 Non-Medical Use of Drugs. Re: Brief of the Local  
17 Council of Women re the Non-Medical Use of Drugs.

18 The Rotary Club wish to express  
19 their appreciation for the work done by the Local  
20 Council of Women and sincerely support them in their  
21 brief.

22 The brief is a clear, concise  
23 submission and if the recommendations are forth-  
24 coming, that is recommended by the Council, we feel  
25 certain that drug abuse will certainly be curbed  
26 to a great extent. The Chairman of our Committee  
27 concerning this subject is Mr. Ed Innis", and his  
28 address is given, Signed by "Don McMillan,  
29 Secretary".

30 Mr. Chairman, members of the



Commission:

The Swift Current Council of Women, representing 21 federated organizations from the city, is pleased to have this opportunity of presenting its views on the non-medical use of drugs by the youth of Canada.

The problems arising out of the misuse of drugs have given cause for concern among the health and welfare workers for a considerable time. The literature on this subject clearly shows the alarming possibilities for the future. The Swift Current Council of Women is deeply concerned in this matter, since it not only represents the sisters and mothers of the present and future generations of this country, but also attempts to work for the betterment of the community. It is in this context that the Council presents its observations to the Commission.

As a group of mothers, professional and business women, but laywomen to the drug scene, the Council spent a considerable amount of time in studying various sources on the topic, the list of which is attached at the end of this brief. It appears that most of the information on drug abuse or misuse has come from urban areas. Since Swift Current is a rural community, the Council relied heavily on the information obtained through the courtesy of the Local Committee on Drug Abuses, which has been active in this field for more than a year. As a result of its inquiry, the Council has



1 formed the opinion that the problem of drug abuse  
2 is just as prevalent in a rural community as in an  
3 urban one. The Committee on Drug Abuses had noted  
4 that approximately 8 months ago, only 36 cases of  
5 habitual marijuana and LSD users were known, but  
6 on March 1st, 1970, the number of identified cases  
7 had risen to 76. An analysis of these 76 cases is  
8 attached as appendix A, at the back of the brief.

9 It has been speculated that for  
10 every case identified by the Committee there are  
11 4 others who have misused chemical substances of one  
12 form or another, but since they have not shown any  
13 noticeable behaviour changes they have managed to  
14 remain invisible in the community. The Drug Com-  
15 mittee in Swift Current reported that there is no  
16 known narcotic addiction (hard drug) in this area;  
17 however, the inhalation of volatile substances is  
18 prevalent among the school children between the ages  
19 of 7 and 18 years, the highest incidence among the  
20 younger children.

21 Reflection on some possible  
22 causes of drug abuse in society in general:

23 1. Drug oriented society -  
24 "Better living through chemistry" may well be the  
25 motto for society today. 75% of the drugs in current  
26 use today were not available 30 years ago, and,  
27 through the advent of these, our life span has  
28 increased by 10 years. Advertising the use of drugs  
29 for everything for "a to z" has focused our attention  
30 on cure by drug.





2. The tempting practice of the busy, harassed physician to write out a prescription for drugs, sometimes just to please a patient, sometimes without follow-through.

3. Illicit manufacturers and distributors still persist in our society, and these distributor have now invaded the colleges and high schools. Our law enforcement agencies have been unable to cope with this vast problem.

4. The general trend towards a more materialistic society and the "instant gratification" syndrome. In the pursuit of material comforts, family life tends to suffer; as might be the case if the father has two jobs to make ends meet; or if the mother works and inadequate provisions are made for the children. Then there are the many demands made on the adults, and youth, to contribute to society in general through churches, schools, clubs and other organizations. Sometimes these demands are so heavy that there is no time to spend together as a family group -- no time for communication with one another.

The picture of the ideal family as presented by television and by the vast amount of literature on this topic, may cause some insecurity or pressures on parents and youth. The "success syndrome" may be overrated. In circumstances of stressful living, man has welcomed respite, and through the years has used herbal solaces -- the tobacco leaf, the fermented grape and corn, the



poppy and the hemp. And so it continues!

Motivation of Young Drug Users:

1. Curiosity;
2. Need to conform to peer groups;
3. Dare factor;
4. Rebellion against authority,

hypocrisies and inconsistencies of society. Again, with the advent of television, the children grow up with a teacher in the home other than the parents, and perhaps in some cases, a teacher in conflict with parental teachings and values of society.

5. Search for an intoxicant more sensible than alcohol? (Marijuana is considered less hazardous by a considerable number of drug users.)

6. Feel alienated -- "nobody cares" -- looking for human warmth and love. The advertising done by the hippie culture on love and "mind expanding" drugs has a captive audience in those who feel alienated.

7. Lack of meaning in life -- no goal to work towards.

Some general aspects of habitual drug users:

Habitual drug users and the drugs they use are interlocked problems which in disentanglement have been approached mainly from the side of drugs. Yet theoretically, if the personality characteristics of the various users were known, then the selection of the drug and the



1 meaning of that selection would be basic data in  
2 the implementation of corrective and control procedures.  
3 As of now too little is known of the deeper psycho-  
4 logical relationships of user to drug; however, a  
5 number of points may be made:

6 1. Drug dependent persons are  
7 of widely different types. Both age range and social  
8 class are extending.

9 2. Drug dependent persons have  
10 elected to be drug users -- they are neither mentally  
11 retarded nor initially psychotic, they may be immature  
12 or psychopathic.

13 3. Habitual drug users are well  
14 aware of the evils and dangers of drug dependence.

15 4. The drug user actively seeks  
16 the drug, it is not actively introduced against his  
17 will.

18 5. Habitual drug users tend  
19 to group together for mutual support in drug  
20 experiencing.

21 6. Drug dependence is a learned  
22 and contagious behaviour.

23 7. The course to habituation  
24 and addiction determines the behaviour of the  
25 individual user; the behaviour is that which is  
26 necessary for him to obtain satisfaction in his drug.  
27 Drug users may be classed as:

28 First, the experimenter --  
29 with one experience;

30 Second, the episodic users--





1 experiencing controlled enjoyment;

2 Third, chronic users -- needing  
3 continual experience.

4 The present concern is for those  
5 who, through the habitual use of drugs, have  
6 deviated from the accepted way of life. Why this  
7 concern?

8 First, the habitual drug users  
9 are a social and economic drain on society; they  
10 develop an aggressive or apathetic behaviour;

11 Second, school attendance and/or  
12 work attendance is disrupted, or may be disruptive  
13 for others in the school or work area.

14 Three, habitual drug users  
15 accomplish very little, are not creative, and do  
16 not contribute to society.

17 Four, habitual drug users may  
18 turn to crime to obtain money to retain the habit.

19 Five, habitual drug users may  
20 become accident or suicide prone and may need  
21 excessive hospitalization.

22 Six, physical and/or mental  
23 damage may result from drug use, and this damage  
24 may carry over into future generations.

25 Seven; perhaps most important,  
26 society may lose potentially useful citizens through  
27 habitual drug use.

28 Eight; adults are known to be  
29 among some drug users. In so doing, they may  
30 influence the youth, indirectly, in the use of drugs;



furthermore, they are not apt to report drug usage among the youth.

Recommendations:

First, we recommend that each city, town, rural municipality, etc., organize an active Committee against Drug Abuse. The local Drug Committee in Swift Current is composed of medical, public health, educational, religious, and law enforcement personnel, along with a pharmacist, and a recreational director. The activities of public education, and assistance to the detected drug abuser by the Committee, has enlightened the community re this malady, and has acted as a deterrent against greater spread of drug abuse and trafficking.

Second, Swift Current Council of Women do certainly agree with the Canadian Medical Association recommendation that: "With respect to medical treatment, co-ordination, communications, rehabilitation and referral services require marked improvement. In particular, many doctors outside of large urban centres, feel the lack of 24 hour access to both in- and out-patient psychiatric services -- there is a need for the so-called 'street level' treatment centres. Such services can only operate efficiently if they are relieved of police harassment and intimidation."

Therefore, Council would recommend:

Treatment centres organized on a 24 hour "walk-in" basis.



Extending the services of the currently available poison control centres to include information on drug abuse identification and treatment.

A National Drug Registry that lists and describes all known hard drug addicts.

Three, the federal government should initiate, encourage and support research into, not only drugs abused, as marijuana and LSD, but also the reasons for drug abuse.

Four, much conflicting information has been published about marijuana. Until further studies are done, Council recommends that marijuana should not be legalized; alcohol and tobacco use represent problems that may be encountered in legalization. Council would recommend, however, that marijuana be put under the Food and Drug Act, Schedule J -- "a drug that is not a narcotic, has no recognized therapeutic use, but is subject to misuse", with the recommendation that first offenders receive no criminal record but be put under probation, as the judge may deem necessary, with counselling for both the offender and the parents. The harmful effects of criminal records of young offenders and their incarceration with hardened criminals do not have the desired deterrent effect.

Five, with regard to LSD, the claims to its therapeutic value over conventional forms of treatment have yet to be proven. The





dangers of chromosomal breakage, risks to fetus during the first three months of pregnancy, convulsions and permanent brain damage, psychotic disorders, and acute panic states (some of which can occur months later) by the use of LSD are well known by now. Council would, therefore, like to see some positive steps taken to prevent further spread of this drug. The law enforcement personnel should be encouraged to direct their efforts toward solving and preventing further spread of the problem by detecting the illicit manufacturer and the trafficker of the drug.

Six. Amphetamines, barbiturates and minor tranquillizers, as the literature points out, are now suffering too ready medical use and widespread non-medical use. The prescribing habits of physicians should be constantly reassessed, or continually reassessed, in regard to these drugs. The illicit production of and distribution for non-medical use of these controlled drugs, including marijuana, requires more stringent enforcement of the Food and Drug Act of the enactment of legislation allowing severe penalties for those involved in the trafficking of these drugs. This illegal way of making a living must be made less attractive.

Perhaps consideration should be given to banning amphetamines, as has been done in Sweden; but this should be done only after thorough research into the matter to make sure that the person who is using the drug for wholly medical reasons, does



1 have an effective alternative.

2 The practice of having a charge  
3 for filling out prescriptions, might be encouraged  
4 for larger amounts -- pardon me, the practice of  
5 having a charge for filling out prescriptions might  
6 encourage for larger amounts which would be cheaper  
7 for the consumer, than a smaller amount. This  
8 practice might be investigated.

9 Seven. Annually the percentage  
10 of drug over-dosage among children, especially the  
11 very young, causes Council much concern. The easy  
12 availability of many patent medicines is much to be  
13 condemned. The Swift Current Local Council of  
14 Women is of the opinion that all drug outlets should  
15 be supervised closely by responsible people who are  
16 fully aware of the dangers of these drugs. Education  
17 of the public and of those responsible for selling  
18 these drugs, on the dangers of these over-the-  
19 counter medications, and on the dangers of self-  
20 medication is a must.

21 Eight. The Council would  
22 recommend the banning of sale of volatile substances  
23 to minors, along with education of the public regarding  
24 these substances. Manufacturers of these volatile  
25 substances should be encouraged to find means of  
26 removing the Toluene and Acetone from them.

27 Nine. Since the wilful taking  
28 of drugs is a manifest part of a nationwide social  
29 problem, it is the opinion of the Swift Current  
30 Council of Women that the users and the allied



1 problems must be dealt with by a medico-social  
2 educational co-ordinated team. Furthermore,  
3 sufficient resources must be given to the problems  
4 to mobilize and educate the important constructive  
5 groups in our society -- example, guidance counsel-  
6 lers in schools; family life counsellors in the  
7 community are needed.

8                   There are practical alterna-  
9 tives to drug usage, and Council feel that youth  
10 and their parents should be involved in these  
11 programs together. Some of these programs could  
12 be instigated on a local level, but financial  
13 assistance may be necessary from provincial or  
14 federal sources -- example, subsidized day care  
15 centres, after school facilities for those children,  
16 who because of financial problems are left on their  
17 own until parents return home -- the older children  
18 may also assist in the case of the younger ones,  
19 or community centres which have activities for all  
20 age groups.

21                   Ten. Penal reform which allows  
22 for more educational and counselling opportunities  
23 for those who are serving time for drug abuse.

24                   Eleven. More centres for the  
25 treatment of chronic drug abusers, and field workers  
26 to work with the families of these people.

27                   Twelve. Comprehensive education  
28 program in schools, colleges, general public and to  
29 those who may be involved with drug abusers. This  
30 education must not only encompass facts about the





1 drugs, but also human relations and values and goals  
2 of living.

3 The Swift Current Council of  
4 Women fully realizes that some of these recommenda-  
5 tions involve considerable financial outlay, but  
6 where youth, the future citizens of the nation are  
7 concerned, no expense should be considered too great.

8 THE CHAIRMAN: Thank you,  
9 Mrs. Benjamin, and the <sup>other</sup>/ladies who are present here.  
10 Would you care to add anything?

11 MRS. LOOMAN: No, not at the  
12 present time.

13 THE CHAIRMAN: Dean Campbell?

14 MR. CAMPBELL: There are a  
15 number of matters I would like to raise with you.  
16 On page 8 of your brief, recommendation 12, "Com-  
17 prehensive education", we have had a number of  
18 recommendations, I am sure you can imagine, con-  
19 cerning the need for education, and in some of our  
20 hearings there has been a discussion about the  
21 appropriate content of an educational program. In  
22 some of our hearings in the Maritime provinces, it  
23 was suggested to us that it would be wise that the  
24 educational program contain not only information  
25 about the extensive dangers of the potential harmful  
26 effects of the drugs, but should also include  
27 information about the essentially subjective drug  
28 effects which drug users claim to be beneficial.

29 In other words, an emphasis  
30 being placed on a very complete reporting of the



1 information about drugs. Inevitably, some of that  
2 information would be favourable to drug use.

3 Have you considered the impli-  
4 cations of education in this sense, and have you  
5 come to any conclusion about what the proper content  
6 of an educational program is?

7 MRS. BENJAMIN: Not particularly,  
8 but I do know that in our thinking, our thoughts  
9 were directed to the misuse of drugs more than the  
10 constructive and beneficial use of drugs. We recog-  
11 nize this is so, but under a controlled situation.

12 MRS. LOOMAN: We feel in our  
13 Health and Welfare Committee, we studied this  
14 problem, and our Committee felt that it should be  
15 a complete, whole truth of the drug, not just the  
16 misuse of drugs, but also the claims for the use of  
17 drugs that are made. And hoping, along with these  
18 other values and goals of living, that the students  
19 will make up their minds in a beneficial way, we  
20 hope, for the older age groups, say, grade ten,  
21 eleven, twelve and university.

22 MR. CAMPBELL: On page 7 of  
23 your brief, there is a statement, "There are practical  
24 alternatives to drugs usage". Would you like to  
25 expand on what you consider to be the practical  
26 alternative that can be presented to, let's say,  
27 particularly the adolescent population who are using  
28 psychoactive drugs?

29 MRS. LOOMAN: Well, our thinking  
30 was along the line that if they could be of some --



1 from the literature we have read, from talking with  
2 some of the users, we have come to the conclusion  
3 that they are looking for, perhaps, a better way of  
4 life than what we adults are giving them, you know,  
5 we say, "Look, we have two cars in the garage", all  
6 these materialistic ways of life, and on television  
7 they see these starving people. And this is con-  
8 flicting. "Why are these people starving, and here  
9 we are living in the abundance?" And perhaps if  
10 they could be helped; there is some program in the  
11 community where both parents and youth could be  
12 involved.

13 MR. CAMPBELL: What type of  
14 program have you in mind that would be directly  
15 beneficial?

16 MRS. LOOMAN: Well, let's say  
17 programs like, Head Start, or programs like retarded  
18 children; some youths are working with these; White  
19 Cross Centre, the older people could be involved in  
20 programs helping out in these programs; in sports,  
21 if they are interested in sports; not everybody has  
22 the same interest, and there has to be a diversifi-  
23 cation. But along these lines, where both parents  
24 and youth could be involved.

25 THE CHAIRMAN: The gentleman  
26 at the microphone, there?

27 THE PUBLIC: Yes. I am  
28 wondering if the programs that she is outlining for  
29 young people, if they are meant to keep young people  
30 busy, like, many hands make light work, and so on and





1 so forth, or if they are meant to encourage the  
2 spiritual growth of the children?

3 And secondly, I am wondering if  
4 parents aren't using the drug problem, or aren't  
5 focusing on the drug problem as kind of a blanket,  
6 but underneath that blanket there is a real problem  
7 of children wanting to let go from the family,  
8 wanting to experience life for themselves, and that  
9 parents, rather than looking at things like this,  
10 and looking at it constructively, how they can help  
11 these children, have instead pounced upon the drug  
12 problem and decided to zero in on that for the attack.  
13 Because I haven't heard a good word about drugs.  
14 Like, as the lady mentioned, it was on the bad  
15 effects of drugs.

16 Now, this isn't an oversight,  
17 it is very deliberate, and I would like to know why.

18 MRS. BENJAMIN: Yes, sir, it  
19 is very deliberate. We have through our studies  
20 authentic information from sources all over Canada,  
21 from Washington, from London, England, and recently  
22 we had a letter, and not one of them states that it  
23 is a good thing to take drugs. They do not yet  
24 know over a long term, that the misuse of drugs, not  
25 taking drugs, the misuse of drugs is really  
26 safe over the long term picture.

THE PUBLIC: Surely, that is  
inherent in the word, "misuse". The misuse of  
anything ---

30 MRS. BENJAMIN: This is what the



1       brief is all about, the misuse of drugs.

2                       THE CHAIRMAN: Do you have a  
3       concept, Mrs. Benjamin, of misuse or has the Council  
4       considered what is to be misuse? What are the tests?  
5       How would you define it?

6                       Mrs. Benjamin, would you intro-  
7       duce the other ladies?

8                       MRS. BENJAMIN: The first lady  
9       to my right is Mrs. Roy; the next lady is Mrs. Looman.  
10      They are -- one is the Chairman of the Health and  
11      Welfare Committee of the Council, and the other is  
12      a member of the Health and Welfare Committee.

13                      I might state here that my  
14      position on Council is President, and these girls  
15      did most of the research, and they are much better  
16      versed than I. However, I do have copies of all of  
17      the letters and briefs of the various areas that  
18      we have done study on.

19                      THE CHAIRMAN: Thank you.

20                      MR. STEIN: On page 4, in your  
21      own brief, on the question of misuse, you do talk  
22      about experimenters and then you say people who  
23      are episodic or who use the drug in a controlled  
24      way, and then chronic users, leading ---

25                      MRS. BENJAMIN: Continual.

26                      MR. STEIN: Yes. And is it in  
27      this area, in terms of these three breakdowns that  
28      you might find your definition of misuse?

29                      MRS. BENJAMIN: Yes.

30                      MR. STEIN: What interests me



1 is, we heard this from the previous speaker and  
2 we heard it very, very often, that perhaps the  
3 percentage of individuals who are chronic users --  
4 I don't want to suggest the percent -- that the  
5 suggested range is from maybe five to fifteen and  
6 that even lower than five.

7                   The point of the suggestion is  
8 it is almost a minority, and the suggestions were  
9 made to us that our legislation is often directed  
10 to the minority and not to the majority, as well as  
11 education. And in this case you say your education  
12 is directed to misuse. The argument remains, it is  
13 directed to the minority of people who are chronically  
14 using the drugs . Do you have any information on  
15 this, the subjection on the part of presumably people  
16 who say they are the majority?

17                   MRS. ROY: The reason it has  
18 come to our attention, on the misuse of drugs, is  
19 because we are concerned with the school drop-out.  
20 The local Drug Committee in Swift Current did a  
21 survey and we detected 76 cases where LSD and  
22 marijuana had been used, but these were detected  
23 cases and we feel they only represent about one-  
24 quarter of what is happening, plus we have found a  
25 great deal of glue sniffing, and other solvents,  
26 amongst school children, around the age of 7 and 8  
27 years. And it is very, very -- we are concerned  
28 about the fact that if they continue with these  
29 drugs the future is going to be very bad for them.

30                   MR. STEIN: I am looking down





1 at the bottom of page 1, and I think this is what  
2 you are referring to. You say, "It has been specu-  
3 lated that for every case identified by the committee  
4 there are 4 others who have misused chemical sub-  
5 stances of one form or another, but since they have not  
6 shown any noticeable behaviour changes, they have  
7 managed to remain invisible in the community."

8 My question is, on what do you  
9 determine they have misused the drug if they have  
10 not shown any behaviour change?

11 MRS. ROY: That is a good  
12 question. The thing is, we went around and we asked  
13 the shopkeepers in Swift Current about the glue they  
14 were sniffing, and in several instances shopkeepers  
15 and so on, sell airplane glue, among other things,  
16 to young people, and we concluded, rightly or wrongly,  
17 that this wasn't being used for the purpose it was  
18 intended.

19 MR. CAMPBELL: What was the  
20 attitude of those shopkeepers, of being asked about  
21 it? What was their response?

22 MRS. ROY: They were very happy  
23 to tell us about it, but they didn't know their  
24 position, could they deny an eight, ten, twelve year  
25 old child a tube of glue?

26 MR. CAMPBELL: And a plastic  
27 bag?

28 MRS. ROY: And a plastic bag.

29 MR. CAMPBELL: Did they feel  
30 any concern?



1 MRS. ROY: No, we had to ask.

2 MR. CAMPBELL: When you did ask,  
3 did they express a concern apart from their legal  
4 position? Did they give you the impression they were  
5 concerned about the implications of this?

6 MRS. ROY: Very reluctant to  
7 say anything at the time.

8 MR. STEIN: I am still here at  
9 page 4, you state that the drug user actively seeks  
10 the drug and it is not introduced against his will.  
11 Do you want to expand on that at all? We hear very  
12 often the other contention that the person selling  
13 the drug is responsible for individuals using it,  
14 but you are taking the other position, that the  
15 individual is a free agent, that he has chosen this  
16 on his own, and it is not the trafficking of the drug  
17 which creates the use.

18 MRS. ROY: There has to be  
19 trafficking, of course, for it to be spread, but in  
20 Swift Current, since the supply of marijuana has  
21 dried up at the Mexican border, students have been  
22 getting LSD instead, which is easily obtainable and  
23 they have been holding LSD parties, and one friend  
24 has taken another. And this information we got  
25 through the 76 cases we have identified in the city.

26 THE CHAIRMAN: I am interested  
27 in the statement on page 4, "The present concern is  
28 for those who, through the habitual use of drugs,  
29 have deviated from the accepted way of life." What  
30 is the conception of the accepted way of life?



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

2  
3  
4  
5  
6  
7  
8

9  
10  
11  
12  
13  
14  
15  
16  
17  
18

19  
20  
21  
22  
23  
24

25  
26  
27  
28  
29  
30





1 of living, it would be my conception of deviating  
2 from the accepted way of life.

3 THE CHAIRMAN: In other words,  
4 the test is personal harm to user or harm to others?

5 MRS. BENJAMIN: Yes.

6 MR. CAMPBELL: The context  
7 earlier this afternoon -- a position was put to us,  
8 if I remember correctly -- correct me if I am mis-  
9 quoting you, the position I understood to be made  
10 was that in area where there is an absence of evi-  
11 dence about the effect or question of the effect,  
12 that the onus is on the state to show the harmful  
13 consequence. Now, this was made in the context,  
14 I believe, in your stating that absence of knowledge  
15 about harmful effects, long term effects -- is that  
16 the position you made?

17 MR. VICKERS: Yes.

18 MR. CAMPBELL: And then went  
19 on to say the onus then falls on the state to  
20 demonstrate evidence before taking prohibitive action.

21 Now, I would like to -- I think  
22 we have two contrary positions.

23 THE CHAIRMAN: I didn't under-  
24 stand that, I want to be clear on that. I understood  
25 that the position was that the state cannot require  
26 or should not require positive evidence at a lack  
27 of alarm. But I did not understand you to say that  
28 there is a burden of proof on the state.

29 MR. VICKERS: It is the whole  
30 idea, that the burden is on the researching of the



1               which  
2 effects/would never prove something completely  
3 harmless but rather the reverse, that we can only  
4 prove the effects of something, and this is the only  
5 sort of logical scientific sequence. And then I went  
6 into the business of the law here, and I would dis-  
7 agree with the lady speaker here on the concept of  
8 what a good life is. I think too, it is life that  
9 gives you enough freedom to do what you want to do  
10 as long as you are not interfering with other people's  
11 freedoms.

12                       MR. CAMPBELL: Well, having  
13 your comment on this other position, is there anything  
14 you would like to say by way of comment or response  
15 to it?

16                       MRS. LOOMAN: We, in our study,  
17 feel that until proof of the drug -- that this will  
18 not cause harm -- it should be used in a limited way  
19 in research, and until it is proven that the harmful  
20 effects are less than the good effects, it not be  
21 used.

22                       MR. CAMPBELL: It is a question  
23 then of balance between harmful and not harmful effects?

24                       MRS. LOOMAN: Yes. For instance,  
25 in the thalidomide experiment, and the similar thing  
26 with the cyclamates; and these drugs have been used,  
27 there might be some possible harmful side effects  
28 which outweigh the good effects. And until these  
29 are proven, they should not be used.

30                       MR. CAMPBELL: Whose responsi-  
bility is it, do you feel it is, to make this sort



1 of judgment?

2 MRS. LOOMAN: Well, does not the  
3 Food and Drug Act give access to some researchers,  
4 these prohibited drugs for research?

5 MR. CAMPBELL: I suppose it is  
6 the type of area where there is apt to be disagree-  
7 ment. There often are in these areas. In the end,  
8 someone would have to make a definitive judgment.  
9 Who would you see as the proper agency to make that  
10 sort of judgment, the state, the individual?

11 MRS. LOOMAN: I would say  
12 doctors or researchers who have worked on it.

13 MR. CAMPBELL: Experts then?

14 MRS. LOOMAN: Yes, the experts.

15 THE PUBLIC: Speaking in this  
16 area of the good and the bad effects, it seems we  
17 are very preoccupied here with the effect on the  
18 individual, of taking the drug. And having seen the  
19 Committee here, and the .08 Campaign, and being  
20 engaged for some eighteen years in the area of  
21 traffic safety, I wonder if the Commission, anywhere  
22 in its travels, has faced up to the possible impli-  
23 cations of legalizing the use of marijuana on the  
24 traffic accident problem. I, with the limited amount  
25 of research that I have been able to do on this, feel  
26 that we would be faced with a far greater problem  
27 of trying to control the marijuana user driving an  
28 automobile, than we are currently faced with the  
29 use of alcohol and the effect that it has on traffic  
30 safety. And I think this is something that we can't





1 afford to sit back and ignore at this time, and I  
2 would hope that if this hasn't been drawn to the  
3 Commission's attention previously, that it is one  
4 facet that would be considered when you are pondering  
5 this problem.

6 MR. STEIN: Have you, in your  
7 concern with traffic safety in this part of the  
8 country, any direct knowledge, perhaps, of traffic  
9 accidents which maybe were related to the use of  
10 these drugs?

11 THE PUBLIC: Regretably, I have  
12 no statistics on this here at this time, but I think  
13 quite logically people still, when they want to get  
14 from point A to point B ---

15 MR. STEIN: I was only wondering  
16 for the purposes of information.

17 THE PUBLIC: I have them here.  
18 I have figures here. In Volume 1, No. 3, February,  
19 1970 issue of the "Oracle" ---

20 THE CHAIRMAN: What is the name  
21 of the magazine?

22 THE PUBLIC: Oracle. The break-  
23 down of the number of errors, this is verbatim, the  
24 breakdown of the number of errors was as follows:  
25 One hour under normal conditions, 87; under the  
26 effect of alcohol, 98; marijuana, 86.5. Two hours:  
27 normal, 84; alcohol, 97.5; marijuana, 84.5. Three  
28 hours: normal, 83.5; alcohol, 97; marijuana, 84.  
29 Four hours: normal, 83; alcohol, 96.5; marijuana, 83.5.

30 DR. LEHMANN: What do these



1 numbers stand for?

2 THE PUBLIC: These are an average  
3 of the number of errors.

4 DR. LEHMANN: In what, simulated  
5 driving?

6 THE PUBLIC: Yes. This is  
7 taken out of the Andrew T. (Wheel) , Cannabis  
8 Science Journal.

9 DR. LEHMANN: Well, that was  
10 not driving.

11 THE CHAIRMAN: That was not a  
12 driving situation.

13 THE PUBLIC: But these are errors  
14 in normal functions.

15 THE CHAIRMAN: In offices.

16 THE PUBLIC: I think they can  
17 be very easily related to driving, because driving  
18 becomes very, very much a reflex action, and these  
19 are figures on reflex actions.

20 THE CHAIRMAN: The authors say  
21 there may be some relevance, but they themselves  
22 point out that they cannot be relied on for driving  
23 purposes, they did not do a driving test. That is  
24 right in the report.

25 THE PUBLIC: But still, to  
26 illustrate that marijuana does not have the effect  
27 as much as alcohol on your driving, or on your normal ---

28 DR. LEHMANN: On psychomotor  
29 functions which may or may not be related.

30 MR. STEIN: Well, is that saying



1 that, because I think the gentleman over there might  
2 say quite a bit about what he thinks might be the  
3 pretty drastic effects of alcohol, or are you suggesting  
4 it might be less catastrophic?

5 THE PUBLIC: Take, as opposed  
6 to the normal also, -- it is on the final page,  
7 after one hour: normal, 87; and marijuana, 86.5.  
8 How do you explain that?  
9 --- (Laughter)

10 THE PUBLIC: Mr. Chairman, I  
11 think if I just might interject, this merely points  
12 out what I was hoping to raise here, and that is  
13 the Commission will, in its wisdom, look into this  
14 aspect. I do not profess to be able to provide  
15 answers and I am very interested to hear these figures  
16 and shall look into this myself. But I do feel that  
17 this is one aspect of the problem that probably has  
18 not been considered from the press coverage I have  
19 seen of this Commission's sittings, and having been  
20 as deeply concerned with the alcohol problem in the  
21 area of traffic safety, I think it is of extreme  
22 importance.

23 I would also, if I could, like  
24 to comment on the brief of the lady from Swift  
25 Current and comments of the gentleman behind me here  
26 are indicative of what those of us feel who are  
27 working with young people in our daily work and  
28 through the church, that a great deal of the problem  
29 lies with the home and with the adults, and my hope  
30 is that the young people represented here today will





1 bring a generation into this world who will not  
2 have to turn to drugs to give them what they require  
3 in the way of a full life, and enable them to live  
4 with society as it is set up. Thank you.

5 MR. CAMPBELL: Before you leave  
6 the microphone, could I just raise a question? I am  
7 from Montreal where dangerous driving seems to be  
8 a favorite recreation, and therefore I am concerned  
9 with this. Probably I think one has to be concerned  
10 not only with the drugs such as alcohol or cannabis  
11 or acid, but a whole array of other drugs. Barbi-  
12 turates, tranquillizers, various sedatives that are  
13 sold without prescription, may have consequences here.  
14 Have you given any thought to this, have you given  
15 any thought to the position that society should adopt  
16 with reference to driving and these other drugs?

17 THE PUBLIC: Yes, I work with  
18 the high school Driver Education program and we do  
19 have this to a degree in our courses. There is an  
20 increasing awareness of this in the area of traffic  
21 safety and there is a new film just recently released  
22 by General Motors Corporation dealing with drugs  
23 and driving that goes into this in considerable  
24 detail. We have through Safety Council activity  
25 tried to bring an increasing pressure to bear on  
26 the medical profession, because we feel that the  
27 doctors are not without some responsibility in this  
28 area where drugs are prescribed without adequate  
29 emphasis being placed upon their likely impairment  
30 of the driving ability. So this is certainly a very



1 valid question, Mr. Campbell, and one that is being  
2 met to perhaps an inadequate degree by people engaged  
3 in traffic safety work.

4 MR. CAMPBELL: Do you feel that  
5 the laws, as they deal with the driving, are adequate  
6 at the present time?

7 THE PUBLIC: I think this in  
8 doubt at the present time, is it not? I think that  
9 the law as to the alcohol impairment is adequate,  
10 but as far as the other areas, I would hesitate to  
11 comment on this. I think it varies to a large degree  
12 from jurisdiction to jurisdiction.

13 THE CHAIRMAN: There is a gentle-  
14 man at the back.

15 THE PUBLIC: There was an experi-  
16 ment done in 1956 by the Washington State Traffic  
17 Board in which, I believe, they used a driver simu-  
18 lator and also an obstacle course, and an experienced  
19 user of marijuana showed no change in his driving  
20 habits, when he was under the influence of the drug,  
21 or when he was not, and in some cases his driving  
22 was a lot smoother. And with an inexperienced user  
23 the driving was worse for the first five to ten  
24 minutes and after that, it was normal.

25 THE PUBLIC: Thank you. And  
26 again, I would emphasize that this is the type of  
27 thing I think we should be doing. There has certainly  
28 been adequate current research, the film made by  
29 CTV, .08; I would like to see something along this  
30 line done with marijuana to either back up our concern



1 or wipe it out.

2 THE CHAIRMAN: That was a  
3 reference to the (Transor) Study, 1959. It is also  
4 mentioned here. We are familiar with the Transor  
5 Study. I just say that to reassure the gentleman.

6 MR. STEIN: It also has been  
7 mentioned to us, in reference to that Study, there  
8 are some questions as to whether or not the compara-  
9 tive doses of the two drugs really were a fair  
10 amount or quantity to make any kind of a valid  
11 comparison. In other words, when we were presented  
12 information about this, we also were told there  
13 were some problems in terms of interpreting this  
14 particular study, but there are others that, I believe,  
15 are under way.

16 THE CHAIRMAN: Yes, the gentle-  
17 man at the back?

18 THE PUBLIC: In reference to  
19 a question that was made over here, about the harmful  
20 effects versus the good effects of, say, marijuana  
21 and LSD, and some of these other drugs, I was  
22 wondering why there wasn't any brief outlining the  
23 good effects of some of these drugs. Is this a  
24 communication breakdown, that the people who are  
25 supporting the use of drugs, don't get a chance to  
26 give us information, or do they not want to, or  
27 where do we stand on this? We quite often say there  
28 are good effects and bad effects. I would like to  
29 see in the area of education, for myself, I would  
30 like to know the good effects as they are outlined





1 by research or by personal experience, or whatever.

2 THE PUBLIC: I think that the  
3 fundamental good effect is that it is fun, and it is  
4 a superior state for enjoying almost everything,  
5 that is, marijuana, and I don't think a scientific  
6 brief could be put forward on that particular point.  
7 If you want to find out about it, one of the best  
8 books to read is, "The Garden of Grass" which describes  
9 very well the subjective effects of marijuana, and  
10 very accurately.

11 THE PUBLIC: With respect to  
12 some of the effects, marijuana has been tested in  
13 England in treating such things as migraine headaches;  
14 appetite depressant. It is a very good relaxer and  
15 tranquillizer, and I believe there was some reference  
16 in one of George Washington's diaries as to his  
17 growing and separately the male from the female hemp  
18 plant on Mount Vernon and he was using it as  
19 medicinal.

20 DR. LEHMANN: There is also  
21 considerable evidence that alcohol is a good relaxant  
22 and a cure for migraine headaches, but it is not used.

23 THE PUBLIC: It has been  
24 prescribed.

25 DR. LEHMANN: Oh, yes.

26 THE CHAIRMAN: Ladies, thank  
27 you very much.

28 Oh, excuse me.

29 MR. CAMPBELL: One of the matters  
30 that is quite frequently put to us is that there is



1 radical repudiation of ordinary life-style or many  
2 of the dominant values of our society by a certain  
3 number, at least of those who use psychoactive drugs  
4 regularly.

5 Now, in coming back to this  
6 question of the alternatives of drug use, as you  
7 suggest, in what ways do you suggest taking account  
8 of the clash of values or the clash of life-styles  
9 in finding these alternatives? Are there ways in  
10 which you see your generation or your segment of  
11 society responding to that clash, in being concerned  
12 with providing ---

13 MRS. LOOMAN: I have myself been  
14 considering this. I don't know how it can be bridged  
15 now, but in prevention we hope, perhaps, we could  
16 get a closer parent-child relationship. This seems  
17 to be somehow, the breakdown. From the literature  
18 we have read, or people we have talked to, this seems  
19 to be the crux of the matter. The first five to  
20 seven years are the important years in the child's  
21 development, and this relationship with the parents  
22 hasn't been a good one. But what can we do now?  
23 I am just not sure.

24 MRS. BENJAMIN: I feel that this  
25 parent-child relationship is very important. The  
26 feeling of alienation, that no one cares, and when  
27 you have got mother working all day and father  
28 working all day, and the children come home from  
29 school and mother is tired and father is tired, and  
30 the home isn't kept up so it is a harmonious and a



1 happy place to come back to, you can't blame the  
2 young people for rejecting it. And I think much of  
3 our problem lies right there, right in a congenial  
4 and happy home life, and a happy relationship between  
5 mother and father, and not -- and this -- I am not  
6 blaming anybody, but I think any person, no matter  
7 how well balanced or how good you are, if you come  
8 home tired at night, and the father is tired at  
9 night, and the children have been on the street, say,  
10 for an hour after school has been out, the house  
11 isn't tidy, supper isn't ready, you can't blame  
12 the children, and you can't blame the children for  
13 being at each other. So, if you haven't got a  
14 happy, congenial home to come to, who is at fault?  
15 And I think just as the other speaker said, it lies  
16 with the parents, a good bit, not all, of course,  
17 but a good bit.

18 And another thing, my own  
19 personal feeling is this: That the young people say,  
20 "Well, mother smokes and father drinks, and father  
21 smokes and mother drinks, why can't we have our  
22 marijuana?" But if we have got two evils in  
23 society, why introduce a third?

24 And just in the paper yesterday,  
25 in the Regina Leader Post, this was the headline,  
26 "Marijuana May Cause Brain Damage." And until we  
27 can say marijuana does not cause brain damage, I  
28 don't think that people should be experimenting.

29 MR. STEIN: One of the things  
30 the youngsters have said to us -- "youngsters" is a





1       heck of a word, but a lot of them have been quite  
2       young, as a matter of fact; trying to regain myself;  
3       is that this very kind of a headline is all too  
4       quickly accepted at face value by persons who are  
5       very anxious to understand what the phenomenon is  
6       about. And I have noticed that headline also, and I  
7       noticed the reference made there was to some countries  
8       other than our own, where it didn't really clearly  
9       state -- actually, it didn't really give clearly  
10      what the evidence was, so one was left probably as  
11      much in the dark. And the concern I really wanted  
12      to bring to your attention was the reaction which  
13      we have heard from persons about what they take to  
14      be the too ready gullibility of the rest of the  
15      community in terms of those headlines. You have  
16      probably heard this too, I would imagine.

17                   MRS. BENJAMIN: Yes. And my  
18      feeling was the same as yours, as I read on. But  
19      this was something in print which could be held up,  
20      that people could see, and this is why I used it  
21      today. But I do know that in our research material  
22      it has stated categorically that until -- as of yet  
23      there is no proof that the use of marijuana is not  
24      harmful, and until this is solved, I think it is a  
25      very grievous mistake for anybody to experiment with  
26      humans. There are lots of other things they can  
27      experiment with, but to experiment with humans, with  
28      a chance of ruining themselves.

29                   MR. STEIN: Here you have raised  
30      another one of the problems. The concern is that



1 there be more research, and the statement was made,  
2 or has been made to us, that we ought not to change  
3 legislation until there is more research on, presumably,  
4 human beings. And at the same time there is a very  
5 understandable reservation that you may express, about  
6 the possibility that this may be a dangerous thing  
7 to do, and therefore, we had, perhaps, better not do  
8 the research, and we get caught into a sort of a  
9 vicious cycle. In other words, would your view be  
10 that we ought to do the research, the necessary  
11 research, whatever that may be, whatever the necessary  
12 research ---

13 MRS. BENJAMIN: I think this is  
14 right. So a statement can be made exactly to the  
15 effect of drugs.

16 MR. STEIN: With human beings?  
17 You see, one of the problems scientists have pointed  
18 out to us, is that research done on rats and pigeons  
19 and butterflies, and whatever else, have limited  
20 possible meaning for the humans.

21 MRS. LOOMAN: Have it on monkeys  
22 or something like this.

23 MR. CAMPBELL: It is still  
24 research on a monkey, though.

25 But you know, there still is a  
26 dilemma here and I would like to get your reaction  
27 to it. I don't think there is any possibility that  
28 anyone will find that any of these drugs or any  
29 other drug is harmless, so is harmful if you take  
30 enough. Water is harmful. So it is simply not a



1 categorical one of harmful or harmless. The question  
2 is, inevitably, I suspect, a question of degree or  
3 risk, that is, if one makes this assumption that  
4 salt or sugar are potentially harmful. So the  
5 question is this one of degree. Have you any feeling  
6 of what the degree of acceptable risk or the degree  
7 of acceptable harm should be? I mean, as such as salt,  
8 you take an acceptable risk, because you must take  
9 an enormous amount before it is going to do you in,  
10 but alcohol, there is no question but that it is  
11 harmful, but I guess society has come to some  
12 judgment about acceptable risks here. Birth control  
13 pills, women individually, I guess, come to a  
14 judgment about acceptable risk. So has society.  
15 Have you any feeling about how we should try to make  
16 that judgment?

17 DR. LEHMANN: And also, alcohol  
18 is not harmful if it is taken in very moderate  
19 amounts. A glass of wine a day is not harmful at all,  
20 so one can't say alcohol is very harmful, or it is  
21 not at all harmful. Now, under these conditions  
22 how would you determine how one should scientifically  
23 go about determining the harmfulness of it?

24 MRS. ROY: I think the important  
25 thing here is to look at chromosomes and genes.  
26 This is what the Local Council of Women, when we  
27 found that there was a definite effect of LSD  
28 and the effects of marijuana were not known on the  
29 physical structure of the body, and you say salt and  
30 sugar are not harmful unless taken in excessive amounts,





1 well, that doesn't mean other substances aren't  
2 either, and unless something is proven -- I mean,  
3 they have taken thalidomide off the market since  
4 some women have had deformed babies. But unless  
5 there is nothing harmful , I think it should  
6 definitely be withdrawn. This is my personal  
7 opinion but I think women are  
8 the ones who are most exposed to it. I don't  
9 think we should ever be put in a position where we  
10 can give birth to a deformed child.

11 And I think the people who take  
12 drugs, if they could see more babies born deformed---

13 THE PUBLIC: The thing that  
14 bothers me about this whole drug situation today,  
15 is the fact that young people are not necessarily  
16 hurt, not by the drugs themselves, but they are hurt  
17 by society in which society and the laws, as far as  
18 I am concerned, ridiculous laws, are putting these  
19 young people in jail, and by so doing they are  
20 causing more harm to these young people than drugs  
21 ever will. And this is the thing that concerns me  
22 most. It is the fact that society is harming them  
23 by our harsh and unreasonable laws, and this is the  
24 thing that bothers me the most.

25 MR. CAMPBELL: Now, just let  
26 me raise a question with you on that point. Are  
27 you saying that kids going to jail, in general, is  
28 a bad thing, or kids going to jail because of the  
29 drug use, is a bad thing, because there are a great  
30 many kids who are very young kids, who go to jail for



1 relatively minor things. I have spent a fair amount  
2 of time around prisons and I have seen fourteen year  
3 old boys, and I have seen fifteen year old boys  
4 serving time in federal penitentiaries for breaking  
5 out of reform school. Not that breaking out of  
6 reform school is a good thing to do, but it is usually  
7 not the end of the world. Is your concern a general  
8 one or is it a specific concern with drug scope?

9 THE PUBLIC: Well, I am concerned  
10 with the whole scope, but in particular I am just  
11 talking about the drug scope. I am saying the  
12 problem is not just with drugs. I have known people  
13 who have got caught smoking marijuana and either  
14 had gotten a suspended sentence or a jail term, and  
15 this can ruin their lives. It may mean they possibly  
16 can't work in the United States. It could ruin job  
17 opportunities, it can do a whole multitude of things  
18 like this, and to me, this is out of proportion.

19 I can't speak on the whole  
20 society level of dealing with young people, but  
21 anybody, for smoking marijuana, it seems to me, an  
22 injustice to put them in jail for that. That is  
23 basically the comment I have to make.

24 THE PUBLIC: This is just in  
25 answer to the lady's statement about the effects  
26 of LSD on chromosomes. I am sure the gentlemen of  
27 the Commission have already read the study in a  
28 journal on psychiatry last November, Volume 106, page 639.  
29 I know the studies, initial studies on chromosome  
30 damage were done in vivo , that is, in test tubes,



1 on white blood cells, and they found some chromosome  
2 breakage there, and these were the results that were  
3 picked up by newspapers and were publicized. This  
4 study last November was a blind study, done on three  
5 separate groups of people, chronic LSD users who  
6 were still using the drug, people who used LSD and  
7 had stopped using the drug, and people who had not  
8 used LSD. It was done in vivo with blood samples  
9 straight from the volunteers. Chromosome studies  
10 were done and there was no significant difference  
11 between the chronic users who were still using the  
12 drugs, users who had quit using the drugs, and people  
13 who had never used the drugs. And the amount of  
14 chromosome breakage was approximately equal to the  
15 amount of chromosome breakage that you get from  
16 taking some aspirin or some coffee.

17 THE CHAIRMAN: Thank you very  
18 much, ladies, for your brief and your assistance this  
19 afternoon.

20 We call now on Reverend Hugh  
21 Weston, of the Unitarian Fellowship.

22 REVEREND WESTON: I perhaps  
23 should just tell a story, if I may, about a young  
24 friend of mine. I was a minister -- I am an American --  
25 I was a minister at the Unitarian Church at Adelaide,  
26 Australia, and this young fellow was Dale Hawking.  
27 In Australia, and in the United States, and I believe  
28 also in Canada, the possession of marijuana is a  
29 felony. Is it true in Canada as well? I have been  
30 here only a couple of years. And this young fellow





1 was just experimenting for the first time with  
2 marijuana. He was a very brilliant student at the  
3 University of Adelaide in philosophy, and experimenting  
4 with marijuana; he told a good friend of his that he  
5 had some; this was his first experiment. His good  
6 friend turned him into the police, and the police  
7 arrested him. He was brought to trial, convicted  
8 of a felony.

9 In American law, and I presume  
10 also true in Canadian law, if you are convicted of  
11 a felony, in American law you cannot have a passport  
12 and probably can't get visas to other countries,  
13 you cannot hold political office, and you cannot be  
14 a lawyer, for example, among other things. This  
15 meant that this student, Dale Hawking by name, who  
16 came from a family of very, very nice -- I knew his  
17 parents very well -- very, very nice parents and  
18 very upright Christians. This boy could not go on  
19 to do his graduate work in philosophy at his chosen  
20 university in the U.S.A. because he would not be able  
21 to get a passport or a visa as a convicted felon.

22 So, my young friend, Dale  
23 Hawking, went out and wandered around Australia for  
24 a week or so, and then took a shotgun and blew his  
25 brains out.

26 I think that the problem of  
27 marijuana is just as serious as this. We have in  
28 our church a half a dozen or more extremely expert  
29 doctors, psychiatrists and others, and I know of no  
30 doctor or psychiatrist who would say that there is



1 at this time any conclusive proof that marijuana  
2 is particularly harmful -- we have ashtrays here,  
3 people are smoking cigarettes, many people would  
4 argue that marijuana is not as harmful as cigarettes,  
5 for example. We don't know the facts, obviously.

6 But it seems to me that one  
7 thing that young people are feeling very strongly,  
8 is that this whole thing is very hypocritical. Young  
9 people are saying it is outrageous that this should  
10 be made a felony. Now, if you want to say it might  
11 be harmful and put it under some degree of restric-  
12 tion, that is one thing, but to make marijuana a  
13 felony under conditions where we simply don't know  
14 what its effects as yet are, because the research  
15 may not have been done, is something that simply  
16 turns young people off, antagonizes them and aggra-  
17 vates them.

18 I want to testify primarily  
19 on the motivations underlying this, as a minister,  
20 because I do not want to present myself as an expert  
21 on all of the various types of drugs, but merely  
22 to quote the experts that I am familiar with, as  
23 I have done. And I could name, if you care to, a  
24 number of the qualified people who studied this  
25 matter, who were members of my own church, for  
26 example. I think some of them may have testified.  
27 I called up a few of them. Dr. Frank Colburn, he  
28 was able to testify recently, and he studied this  
29 thoroughly. And we have also Dr. John Marion, whom  
30 I called up, if he could testify, and I don't know



1 if he can or not either, but we are running in our  
2 church basement a place where young men or older  
3 men, or young women, older women, anybody who wants  
4 to come, who is a victim of drugs, and can be given  
5 treatment there, in the lower floor of our church  
6 building.

7 But I think in terms of moti-  
8 vation, it seems to me that we can't just talk about  
9 the home and the generation gap in some abstract  
10 fashion. I don't know if this affects your Commission,  
11 but I think your Commission itself might be able to  
12 recommend in some way to our whole society, that the  
13 adult world is going to have to take the problems  
14 far more seriously and in a more revolutionary way  
15 than they are doing. Young people are brought into  
16 this world, and they see it just about ready to  
17 pollute itself into extinction or blow itself to  
18 Kingdom Come, and there is really a lack of purpose.

19 Like, Dale Hawking went to the  
20 University of Adelaide, which has a philosophy  
21 department, which is dealing in logical analysis.  
22 Now, logical analysis is the type of philosophy that  
23 is taught throughout most universities and most  
24 philosophers know about this, and in my opinion it  
25 is an empty philosophy, just as empty as some of  
26 the Christian superstitions, perhaps, or the others.

27 This philosophy gave him, in  
28 my opinion, nothing to hold onto. I think a lot of  
29 young people today are saying to me, "What difference  
30 does it make whether man survives or not? Look at





1 the mess you have made of things." I think we have  
2 to get down to a more revolutionary change in our  
3 value system. Society has to be changed drastically  
4 and we have got to have leaders, whether it is  
5 Trudeau or others who are people who are providing  
6 a real example of the highest degree of dedication.  
7 We have got to cut out all this salary business.  
8 Everybody worries about -- people worry about "my salary",  
9 "how much money do I make, do I make enough, should I  
10 make more?" We have to cut out this whole attitude  
11 in life. Maybe you on the Commission have its own  
12 attitude, but I think we have to cut out this whole  
13 attitude in life, and have a whole new approach to  
14 life, if we are going to be able to speak to the  
15 younger generation about how life is actually worth  
16 living.

17 Walter (Litman) 1932, said this:  
18 "Demoralized Society" is one in which the indivi-  
19 dual has become isolated. He trusts nobody and  
20 nothing, and not even himself. He believes nothing  
21 except the risk of everybody and everything. He  
22 sees only confusion in himself and conspiracies in  
23 other men."

24 That is disintegration. That is  
25 what comes when in some sudden emergency of their  
26 lives, men find themselves unsupported by clear  
27 convictions that transcend their immediate and  
28 personal desires.

29 So, I just want to conclude by  
30 saying that I think we have to have some new outlook



1 on life fundamentally. One that is not based on  
2 this materialistic, "Let's get ahead, let's get a  
3 better salary, and get ahead of the next guy."  
4 We have got to limit both religious hypocrisy on the  
5 one side, and this kind of scientific logical outlook  
6 on the other side, that eliminates human emotion  
7 and human decency and human relationships, on the  
8 other side. We have got to build here a society  
9 of love and one with -- if we are going to have a  
10 God, it has to be a meaningful God, a God that  
11 really, we take seriously. We live our lives for  
12 other people, and for a better world. I think this  
13 is really the heart of the thing.

14 And what we ought to do, to  
15 begin with, of course, is abolish this law of  
16 marijuana, almost completely, if we have to, give  
17 it some small degree of control, until we find  
18 out that it really is harmful. But more than that,  
19 we have got to see that kids are escaping from a  
20 society which has become purposeless in many respects.  
21 That is all I have to say.

22 MR. STEIN: What is your view  
23 about the way adults feel about society?

24 REVEREND WESTON: I think adults  
25 often take escapes themselves, alcohol, cigarettes,  
26 and other types of escapes. I think to a certain  
27 degree they are closer to a kind of old fashioned,  
28 religious morality. Some of them still believe very  
29 strongly that there is a heaven that they are going  
30 to go to which will give life a better purpose. A



1 lot of young people try to ---

2 MR. STEIN: Let me try to focus  
3 you in there, because it is such a wide open question.  
4 I mean adults that you come in contact with in your  
5 own particular ministry, not adults in a general  
6 sense, in America. I mean your own personal involve-  
7 ment. Do you find adults who are shallow, materialis-  
8 tic, etc?

9 REVEREND WESTON: I think they  
10 tend more to accept the values, because they've  
11 perhaps, lived with them longer and because perhaps  
12 they, to a certain degree, I think tend to accept  
13 the values of "Get ahead", and "See what your salary  
14 is", and "See what kind of clothes you are wearing  
15 and are they neat and clean, and do they outshine  
16 somebody else's clothes." I think these have tended  
17 to be accepted by adults more so than by young  
18 people, and the flower power of the young people do  
19 not accept it.

20 MR. STEIN: Is your church then,  
21 involved locally in some kind of alternative style, is  
22 there existence of support in economical alterna-  
23 tive?

24 REVEREND WESTON: I won't say  
25 that for the church in general. I am speaking here  
26 personally, from my own point of view, which is, to  
27 me, we need a revolution, not only economically, but  
28 in terms of our spiritual values. I'm not speaking  
29 of the church itself. It does not necessarily agree  
30 with me, we have various points of view on the





1 Unitarian Church itself.

2 THE CHAIRMAN: When you speak  
3 of a real revolution economically, we are all resting  
4 on this technological society, which we have, for  
5 better or worse, allowed to develop.

6 REVEREND WESTON: For worse,  
7 I think. We should abolish the automobile, the  
8 airplane, the television set I think we should cut  
9 down to a half our present level of civilization.

10 THE CHAIRMAN: We might do all  
11 of that, but still be left with a good deal of  
12 technology and somebody has to accept some responsi-  
13 bility. Where is the personal responsibility at this  
14 point? I mean, surely, no one can advocate that  
15 every one who has a personal responsibility or  
16 involvement should attempt to walk away from this.  
17 We are talking about social evolution, we are talking  
18 about orderly development, so if a generation has  
19 this responsibility and the generation moving towards  
20 it are not going to be able to walk away from it,  
21 what is the counsel that can assist us to make a  
22 creative development which can permit us to implement  
23 some of these better values, while still discharging  
24 our responsibility for the ongoing life of our society?

25 I think a counsel that suggests  
26 we can just walk away from it, is not very helpful  
27 at this time. It is a counsel ultimately of maybe  
28 economic breakdown and social chaos. Somebody is  
29 going to have to assume some responsibility, and  
30 are they to be castigated as persons who are involved



1 and so bound up in this that they are -- you see,  
2 I mean, I am just wondering how far this goes.

3 REVEREND WESTON: I am not quite  
4 sure what you are getting at here. I just think that  
5 every adult should begin with a profound sympathy  
6 with the aspirations of what seems to be the vast  
7 majority of the young people, which is a strongly  
8 critical feeling towards the mess the world is in.  
9 If we begin this and say, "All right, let's work  
10 together and share the effort to change this world",  
11 some may say, "Well, you don't need the economic  
12 revolution, you may just need something else." Well,  
13 this is something we could debate, but we could agree  
14 fundamentally that there is a real revolutionary  
15 change, whether it is going to be economic- among  
16 other things, I don't believe just an economic  
17 revolution, but if we can agree that there needs to  
18 be a real upside down, a real turning around about of  
19 values, I mean this whole business of the betrayal of  
20 friends, of cheating other people continuously, I  
21 think this thing is widespread, and I think that  
22 when we try to say it doesn't exist, we are being  
23 hypocritical. And I mean, the younger people know  
24 it exists.

25 MR. STEIN: To follow this up,  
26 for a minute, perhaps if you have been here for a  
27 part of the day; you have heard younger people who  
28 have objected to what they feel is an oversimplifi-  
29 cation regarding drugs, and the way in which drugs  
30 can be used. And the point has been made, there is



1 a wise use of drugs and there is an unwise use of  
2 drugs, and there are, of course, others who would  
3 suggest the best thing would be to get rid of drugs  
4 and that's the best use that can be made of them.

5 All right. To switch now to  
6 technology, you were, if I understood you correctly,  
7 speaking about, perhaps, let's call it the, "unwise  
8 use of technology", that which dehumanizes people  
9 and which eliminates their potential for, well, for  
10 all kinds of further action. But I didn't hear you  
11 talk about the possibility that technology was  
12 something that could be used very positively. And  
13 the suggestion that has been made to us is that it  
14 is only because in North America massive numbers of  
15 young people have been freed from the necessity to  
16 be going out and, in effect, working from dawn till  
17 dusk, just barely getting clothes on their back and  
18 eating, and a roof over their head; that there has  
19 been the possibility of some evolutionary thinking,  
20 to go on about what is the meaning of life. In other  
21 words, it has been a mixed blessing.

22 REVEREND WESTON: Yes. I agree.

23 MR. STEIN: Technology has made  
24 possible a lot of the present concern.

25 Now, I think if I express my  
26 own concern about the way you responded to technology,  
27 it was a rather -- it rather struck me as a somewhat  
28 oversimplified solution to simply castigate the  
29 whole business out, and I think it is perhaps an  
30 understandable one, but I would agree with my





1 colleague, that I don't know that it helps us in  
2 learning how to learn to make some kind of a  
3 responsible use of what we have learned in techno-  
4 logy.

5 DR. LEHMANN: May I ask a  
6 radical question in order to push this further?  
7 If one compares the evils and possibly the good of  
8 technology to the evils and the possible good of  
9 drugs, as far as the state is concerned, it -- the  
10 reasoning is that most people do not have the expert,  
11 sometimes the very specialized knowledge to only  
12 get the best out of drugs, therefore, the potential  
13 harm of drugs should be limited by prohibiting it.  
14 Now, would you go as far as to say that the use of  
15 the automobile, of the airplane, and so on, should  
16 be very much more limited by law, for instance?  
17 Can it not be expected that the ordinary citizen  
18 would have enough knowledge to use it properly?

19 REVEREND WESTON: You are not  
20 going to be able to eliminate the automobile and  
21 the airplane in my lifetime, but I think we should  
22 halt this whole direction of more, bigger, faster,  
23 bigger, better. I think we should now say, "We have  
24 got certain advantages and certain types of techno-  
25 logy, certain things in medicine, certain things to  
26 reduce the work load, which are good", and then,  
27 you know, cut out this whole business. Work toward  
28 the ending of the whole business of bigger, faster,  
29 better, more expressways, more automobiles, more  
30 airplanes, bigger airplanes, 747's, and so on. I



1 think we have overdone the technological life, and  
2 that people were probably, in spite of the fact that  
3 maybe they worked long hours, they may have been as  
4 happy as, if not possibly happier than people today  
5 who are just enmeshed with this ghastly technology  
6 we have built up.

7 I don't see how much difference  
8 it makes whether this Commission gets to Saskatoon  
9 by aircraft very, very rapidly, or if it takes a  
10 slow train, for example, and gets here a day or two  
11 later.

12 DR. LEHMANN: But the same  
13 technology developed penicillin. That makes a  
14 lot of difference, whether penicillin has been  
15 developed or not.

16 REVEREND WESTON: Yes, that is  
17 true. I am not against technology as such.

18 DR. LEHMANN: I see.

19 THE CHAIRMAN: But it is how  
20 we are going to disengage, to accept your critique,  
21 it is how we are going to disengage in an orderly  
22 way. I mean, the reason we have to get that plane  
23 from Saskatoon is that we can't slow down what is  
24 happening in Montreal and Toronto. We have got to  
25 be there at a certain time. That's the only reason.

26 So, if we pull out of this  
27 thing, or enough of our creative people pull out of  
28 it, it is not going to assist us to make this change,  
29 this modification, this better relationship between  
30 man and technology. I guess what I am asking is,



1 somehow, somebody has got to assume some responsibility  
2 for trying to improve the thing along the lines you  
3 are indicating, and those people are not necessarily  
4 corrupt by being involved in that responsibility.  
5 I am suggesting this. It is not helpful, you know,  
6 to suggest that they are, necessarily.

7 REVEREND WESTON: Well, I am  
8 not suggesting that people are totally bad or totally  
9 evil. I am simply suggesting that we have adopted  
10 a system of values which themselves, to a considerable  
11 degree, are values which are apathetic to developing  
12 a real purpose in life, because at one time people  
13 could feel that by doing things faster, better,  
14 building bigger planes, bigger things, that this is  
15 somehow going to bring in a happier life. But the  
16 end conclusion is that it has brought in a life  
17 where we are polluting the planet and we are about  
18 ready to blow it apart, and we have got to raise the  
19 whole question, not just of whether we are -- we  
20 can't just be reformists and say, "Well, we have  
21 just got to very slowly do this." There isn't that  
22 much time. We have got to be revolutionists and  
23 say, "We are going in the wrong direction, we have  
24 got to take a revolutionary approach." And I think  
25 young people are beginning to feel this way, and I  
26 think this is true.

27 We haven't got fifty years or  
28 a hundred years, or two hundred years to live with  
29 this pollution and live with this atomic threat to  
30 our future. And we have to raise the question of





1       whether a man even should continue to exist.

2                       I mean, is there some way of  
3       living that can bring to man the kind of real satis-  
4       factions that makes life worthwhile?   At one time  
5       perhaps, it was, you know, a happy thing to be  
6       developing some kind of a big technology.   Today  
7       this is sort of gone.   At one time people felt,  
8       "Well, we get to heaven as a result of our efforts."  
9       This to a great many people has gone.   We have got  
10      to raise the question, "Is life of real value?"  
11      And we have got to answer this question.

12                   THE PUBLIC:   Sir, what is the  
13      speed of travel at the moral and spiritual level of  
14      the nation?

15                   REVEREND WESTON:   I think it  
16      has got a great deal to do with-- I think the whole  
17      value of speed, fast, itself, is vastly overcome.  
18      I go back to Thoreau.

19                   THE PUBLIC:   It is only over-  
20      come because the other isn't staying with it, and  
21      who is responsible for keeping the other abreast  
22      of technological advancement?

23                   So, I say to you, what is the  
24      ministry being involved in?

25                   REVEREND WESTON:   I don't think  
26      the ministry has only got to keep abreast; it has  
27      got to stop the technological advance, it has to  
28      say, "It has gone too far."

29                   THE PUBLIC:   I say, you are  
30      doing the opposite to your moral responsibilities



1 to God. In other words, you have been involved in  
2 the result of an absence of spiritual truth, or in  
3 the physical results of an absence.

4 I have to sit down because I  
5 am frightened. Excuse me.

6 I have an opinion here I should  
7 like to read, if I may?

8 THE CHAIRMAN: Could you come  
9 to the microphone and sit at the table?

10 THE PUBLIC: Fine. I am not  
11 an educated man, so please excuse me.

12 There is nothing on the face  
13 of this earth that is not a result of to what degree  
14 a nation is either obedient to spiritual truth or  
15 disobedient to spiritual truth. Life itself is so  
16 dependent upon to what degree a nation produces truth.  
17 Therefore, dope addiction is simply a minute reper-  
18 cussion stemming from absence of truth, or it is a  
19 result of producing the opposite to truth. In other  
20 words, dope addiction is simply one of a hundred  
21 many repercussions that guarantee the survival of  
22 moral law and spiritual truth. All of physics or  
23 all physical needs or all human needs are simply a  
24 result of to what degree a nation is producing truth.  
25 All opposites to human needs, such as an inability  
26 to produce human rights, an inability to produce  
27 stability or human needs, an inability to sustain  
28 life itself, are the presence of disorder, revolution,  
29 war, pollution or dope addiction.

30 Dope addiction is simply a reper-



1 cussion stemming from disillusionment. Therefore,  
2 to solve the problem of dope addiction you must  
3 discover the cause of disillusionment. Disillusion-  
4 ment is simply a result of not having an outlet for  
5 one's initiative or for what one has been led into  
6 believing is a human right. Dope addiction is a  
7 result of having to step down into society instead  
8 of up into society. Dope addiction is, in truth,  
9 the result of coming out of an environment that  
10 affords an outlet for every conceivable form of  
11 initiative, only to be injected into a society that  
12 cannot possibly afford to produce, to any degree,  
13 the same number of outlets for initiative.

14 In other words, dope addiction  
15 is simply a result of the greed, selfishness, and  
16 ignorance of those, who, out of a complete disregard  
17 for moral law and spiritual truth, have stimulated  
18 their growth out of all perspective in relationship  
19 to society's needs, or in relationship to human  
20 rights, economic stability and human needs.

21 And, if you wish to go further,  
22 dope addiction is a repercussion stemming from the  
23 greed and selfishness of those politicians who use  
24 the moral and spiritual ignorance of minority groups  
25 to produce political power out of a complete dis-  
26 regard for society as a whole, or for a nation as  
27 a whole. And if you wish to go further than this,  
28 dope addiction is a product of immoral and spiritual  
29 ignorance of ministers who believe that human rights  
30 and human needs are the work of God, when in truth





1 they are simply the result of to what degree a  
2 nation's ministers are producing spiritual truth.

3           And if you want to go further  
4 yet, and you think far beyond dope addiction, to  
5 the creation of life and to what allows the existence  
6 of life, you must understand that life itself is  
7 solely reliant unto what degree a nation produces  
8 human needs. Human needs are solely reliant upon  
9 what degree a nation produces the economic stability.  
10 Economic stability is solely reliant upon to what  
11 degree a nation produces human rights. Human rights  
12 are solely dependent upon to what degree a nation  
13 is obedient to moral laws. Moral laws are solely  
14 dependent upon to what degree a nation produces  
15 truth. Therefore, it is truth that sustains life  
16 in the final analysis.

17           In the name of God, let it be  
18 understood that dope addiction is, in truth, a minute  
19 repercussion or a drop in the bucket in reference  
20 to the destructive power of what guarantees the  
21 survival of moral laws, spiritual truths and God.

22           Let it be understood that dope  
23 addiction and every problem that this nation is  
24 facing, and indeed every problem that the world  
25 is facing, is a product of moral and spiritual  
26 ignorance of athiests who are under the illusion  
27 that it is technological knowledge, natural resources  
28 and high finance that produces human rights,  
29 economic stability and human needs, for all human  
30 needs are a result of true perspective in relation-



1 ship to life.

2 Let it be understood that Biafra  
3 is simply a minute repercussion stemming from an  
4 absence of truth. In the name of God, let it be  
5 understood that Canada is not exempt from producing  
6 a Biafra within our own borders. Let it be under-  
7 stood that the truth will either out of the minds  
8 of mankind, or it will out of the inability to  
9 produce human rights, stability, human needs, love,  
10 peace, freedom and what sustains life itself in the  
11 final analysis.

12 The people of this nation rest  
13 assured that the truth will out.

14 I shall end by simply saying,  
15 in the name of God, that I hope with all that is  
16 in me, that Canada will not have to suffer the  
17 consequences of forcing the truth into reproducing  
18 itself.

19 Thank you.

20 THE CHAIRMAN: Yes, gentleman  
21 at the back?

22 THE PUBLIC: Getting back to  
23 the initial thing, the drug problem, use and abuse,  
24 it is not only us young people who are using  
25 marijuana and LSD and all the other psychoactive  
26 drugs. It is through the whole populace. It is  
27 businessmen who are in the position where they are  
28 immune to the law, they are not persecuted, and if  
29 they are, it never hits the newspapers. There are  
30 cases of this which happen all over the country and



1 it is just youth who are being brought forward.  
2 And one of the reasons is that the kids are rebelling,  
3 they are dissatisfied with whatever is happening  
4 around us. So they try and do something and they  
5 can't because no one will listen to them, because  
6 they just say, "Well, it's a bunch of kids trying  
7 to change something", so the kids withdraw into  
8 themselves and they use drugs. And one of the things  
9 that should be done to help the overall problem  
10 is to do something with these school systems because  
11 they are terrible.

12 They program the kid to come  
13 out to a nine to five job, and then say, "No, there  
14 is no satisfaction involved." It is like just  
15 pressing a button and feeding in information and  
16 coming out with the finished product. If you could  
17 do something with the school system it would help  
18 to some extent, with the misuse of drugs. It has  
19 got to change.

20 THE CHAIRMAN: Thank you.

21 I see it is a quarter past five,  
22 and we can go on for some time, but I think that  
23 perhaps I should adjourn this hearing now, and thank  
24 everyone for having come and participated and of  
25 being of such assistance to us. Thank you for the  
26 reception we have had here in Saskatoon.

27  
28 --- Upon adjourning at 5:15 p.m.  
29  
30









ENI  
Z 1  
-69N21

CONTOUR MAP OF THE

WINDY HILLS

NEARLY 1000' ELEVATION

CONTOUR MAP OF THE

WINDY HILLS NEARLY 1000'

ELEVATION

CONTOUR MAP OF THE

WINDY HILLS NEARLY 1000'

ELEVATION

CONTOUR MAP OF THE



COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
H.E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
J. Peter Stein,	Member.

RESEARCH:

Dr. Charles Farmilo.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

Students Union Building,  
University of Alberta,  
EDMONTON, Alberta.  
April 11, 1970.





1 --- Upon commencing at 1:00 p.m.

2  
3 THE CHAIRMAN: Ladies and gentlemen,  
4 first I apologize for our being late, and I thank  
5 you for your patience. We got tied up with inter-  
6 views, and we just tried to get a little bite to  
7 carry us through the balance of the day. So we will  
8 begin now, without introductions.

9 I call now, on Mr. John Barclay, who  
10 has a submission to make.

11 There are microphones placed in each  
12 of the aisles.

13 Mr. Barclay.

14 MR. BARCLAY: Our submission deals  
15 only with the drug cannabis, and it is primarily  
16 a review of the sociological, legal and medical  
17 factors behind the use of this drug. Plus juris-  
18 prudential, or legally theoretical considerations,  
19 leading toward some kind of a recommendation for  
20 change in the law.

21 Before I make reference to our  
22 particular recommendations, I would like to intro-  
23 duce the co-author of this paper, who is Mr. Robert  
24 Davidson, to give us a brief statement of the juris-  
25 prudential aspects of our paper.

26 THE CHAIRMAN: Thank you.

27 MR. DAVIDSON: The jurisprudential  
28 aspects of this paper are primarily based upon the  
29 utilitarian philosophy of John Stuart Mill, and  
30 particularly his treatise on liberty.



1 John Stuart Mill maintained that the  
2 only time criminal sanctions should be imposed against  
3 an individual, is when that individual is causing  
4 harm to another. This is the basic premise on which  
5 the jurisprudential considerations are based.

6 It is not the purpose of the criminal  
7 code to be paternalistic, Lord Devlin and the  
8 enforcement of morals to the contrary. Lord Devlin  
9 maintained that it was the role of the State to act  
10 as a moral tutor, and use the criminal code for  
11 totorial purposes. However, if one carries Lord Devlin's  
12 treatise to its logical conclusion, it would be wise  
13 to legislate for more spartan-type like activities,  
14 such as demanding a person to go to bed at 10:00,  
15 running five to ten miles per day, and abstaining  
16 from the use of alcohol and tobacco. Since, obviously,  
17 if a person did this, he would be more healthy.

18 It is respectfully submitted that  
19 it is not the role of the criminal code to be  
20 paternalistic in any way whatsoever. The aspect of  
21 privacy is one of the most important aspects of  
22 a person's life, and invasions of privacy are of  
23 an unhealthy nature, not only physically, but also  
24 mentally.

25 The person who differs from the  
26 accepted societal norm, risks the danger of being  
27 labeled as mentally ill, and furthermore, risks the  
28 danger of being committed to an asylum. Anton Chekov,  
29 in "War at 6", outlined, and I think possibly correct-  
30 ly, that the only sane people are those within an



1       insane asylum.

2                       The Canadian Bill of Rights has  
3       provisions for the protection of an individual's  
4       liberty, and provides for a due process before the  
5       law, of freedom of speech, and so on.

6                       Unfortunately, the Canadian Bill of  
7       Rights does not incorporate it into the Constitution,  
8       nor have the judicial decisions upon the Canadian Bill  
9       of Rights been very enlightening. It is for this  
10      purpose, that reference will be made to American  
11      decisions, based upon the American Bill of Rights.

12                      In Griswald and Connecticut,  
13      decision of the Supreme Court of the United States,  
14      a Mr. Justice William O. Douglas, a Connecticut  
15      Statute prohibiting the use of contraceptives was  
16      declared unconstitutional. Mr. Justice Douglas  
17      stated that the State had no place in the marital  
18      bedroom, and this can be analogized to the situation  
19      of the use of marijuana.

20                      The State has no reason to search  
21      out individuals who happen to be using the drugs  
22      in privacy, and the utilization of the drug is not  
23      affecting anyone, except themselves and their co-users.

24                      There have been other decisions involving  
25      drugs in the United States, based upon the freedom to  
26      practice  
27      / religion, and in a decision of the Supreme Court  
28      of the United States in the People and Woody, a band  
29      of Navajo Indians utilized peyote as part of their  
30      religious ritual. They belonged to a group known  
    as the Native Church of America.





1                   The State of California attempted to  
2 prosecute the Indians for illegal possession of  
3 peyote, and the prosecution failed. The reason was  
4 that under the Bill of Rights, the Supreme Court of  
5 the United States held that these Indians were  
6 practicing their religion, and drugs were essential  
7 to the practice of their religion.

8                   There are certain religious sects  
9 in Canada, which utilize drugs. Notably, members  
10 of certain Hindu sects. These people utilize drugs  
11 bonafide, and there could be no possible presumption  
12 by police authorities, that it was a mere sham-using  
13 of the drugs.

14                  And, therefore, it is respectfully  
15 submitted that the use of drugs could come within  
16 the Canadian Bill of Rights, under the freedom of  
17 religion.

18                  To deal further with the aspects  
19 of paternalism in the law, there have been several  
20 decisions in the United States involving this point  
21 directly. In Carmichael and the People, there was  
22 a New York law prohibiting the use of a motorcycle  
23 unless the operator of that motorcycle wore a helmet.  
24 The Court held there, that it was not essential for  
25 an operator to wear a helmet, since in the event of  
26 an accident, the only person that would be injured  
27 through the lack of the wearing of a helmet, would  
28 be the operator himself. And it was his decision  
29 as to whether to wear the helmet, or not.

30                  I believe that the judgment, in part,



1 is worth reading from. The Court, in Carmichael,  
2 reasoned as follows:

3 "If a Statute required every person  
4 to refrain from smoking, there would  
5 be no serious argument that many  
6 persons would be spared crippling ill-  
7 ness that caused premature disability  
8 and death. If a Statute required every  
9 person to retire to bed by 10:00 every  
10 evening, it would probably benefit  
11 the general health of many citizens.  
12 A court cannot say, as a matter of  
13 law, that there is no public benefit  
14 from a statute requiring motorcyclists  
15 to wear a protective helmet. The  
16 police power traditionally has not  
17 included the power to make a citizen  
18 protect his own physical well being.  
19 To hold that a citizen may be required  
20 to protect his health alone, would be  
21 an enlargement of the police power  
22 beyond traditional limits. It  
23 would introduce a novel basis for  
24 government power, a new principle upon  
25 which to authorize the regulation of  
26 the lives of the citizen, and a  
27 manner, and to an extent, hitherto  
28 unknown."

29 There are four basic objectives of  
30 a criminal section pertaining to punishment. These



objectives of sentencing are as follows:

One, rehabilitation of the convicted offender into a non-criminal member of society.

Two, isolation of the offender from society to prevent criminal conduct during the period of confinement.

Three, deterrence of the other members of the community, who might have tendencies toward criminal conduct similar to those of the offender.

Secondary deterrence, and the deterrence to the offender himself after release, Community condemnation, or the reaffirmation of societal norms for the purpose of maintaining respect for the norms themselves.

Five, retribution, or the satisfaction of the community's emotional desire to punish the offender.

It is respectfully submitted that the present laws involving the use of marijuana can not be within these objectives of criminal sanctions and sentencing.

There is no rehabilitation, since the user does not believe he is breaking the law whatsoever. He believes that he is justified by his own conscience, or by whatever other means of justification for the utilization of the drug. Isolation is again a failure, because once he returns to society, there are repeated instances of reported users being re-prosecuted/for possession of marijuana.





1                   The deterrence, the number of drug  
2 users, is increasing every day, so there can hardly  
3 be a deterrent effect, and the penalties are  
4 extremely harsh at the present time.

5                   The fourth principle, community  
6 condemnation, is probably being followed through,  
7 since the user of the drug goes through a public  
8 degradation ceremony, whereby he is branded as being  
9 a societal outcast, and sentenced. So community  
10 condemnation is probably being recognized, and  
11 retribution to the satisfaction of the community's  
12 emotional desire is also being fulfilled.

13                  But the three essential and important  
14 elements of criminal sanctions, and sentencing, are not  
15 being realized.

16                  The laws are having a vast effect  
17 upon a great many people, who are not even drug  
18 users themselves, and they are beginning to look at  
19       judicial  
the/system with a great deal of disrespect.

20                  The people that are being sentenced  
21 for the possession and use of drugs, are not criminals  
22 per se, and when they receive a sentence of such  
23 severity, as up to seven years for possession, or up to  
24 life imprisonment for trafficking, and a minimum of  
25 seven years for importation, other members of society  
26 begin to lose respect for the laws themselves. This  
27 can be shown by the Chicago Seven, which is not  
28 directly applicable, but shows the judicial area is  
29 not respected, and it is losing its respect because  
30 of its failure to up-date its somewhat antiquated laws.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

John Stuart Mill, in the essay, he goes on to say that the principle he's laid down does not apply to people below the age of maturity, or the implication of free, enlightened, informed choice. You -- what are the implications of that exception, in your judgment, that Mill clearly makes to this central proposition?

I, personally, and I think that the medical evidence adduced does not show at the present time, that the use of marijuana per se, is harmful. There has been no reported cases of cannabis psychosis in the North American context at all. And in other societies, a child is allowed to drink, and is taught how to use alcohol in the proper manner.

Again, a child can be taught how to



utilize the drug, marijuana, in a proper manner.

But the Commission will probably have to put an arbitrary age upon the use of the drug.

THE CHAIRMAN: What do you think, pursuing further the implications of the Mill thesis, and the Lord Devlin controversy, what do you think is the responsibility of the State, with respect to the availability of harmful substances? Assuming harm, now. And I mean harm to the individual, and possibly harm, social harm. But what do you think the responsibility of the State is?

MR. DAVIDSON: I don't think that the State has any duty whatsoever, to be paternalistic. The State may have a duty in controlling pharmaceutical outlets, and various organizations of this nature.

With the problem of drugs, the question of harmfulness should be determined upon a factual basis, and the harm today is not from the use of the drug in its pure state, but from the drug being in an adulterated state. The underground laboratories that are turning out the various chemicals, are not usually equipped so that there are certainties of impurities being removed in the production of the chemical itself, and with the use of smoking-dope, such as marijuana, again, it may be adulterated by the person who is selling it.

There is no -- if the drug was sold in its pure form, I don't think there would be any harm. For that reason, State control would be a good







1 thing. But to guarantee purity, not to concern itself  
2 otherwise.

3 THE CHAIRMAN: But, assuming the  
4 case of harm -- and I don't mean harm with respect  
5 to marijuana, I mean, just assume that a harmful  
6 substance. Well, let us -- or what is the State's  
7 responsibility toward something like thalidomide? To  
8 use, you know, a concrete example of which we have  
9 had some painful, recent experience.

10 Should the State restrict the avail-  
11 ability of harmful substances, attempt to restrict  
12 the availability of harmful substances?

13 MR. DAVIDSON: There is a danger in  
14 attempting to equate harmfulness with the use of  
15 drugs.

16 Some of the points that you bring  
17 out are not analogous at all, to the problem. The ---

18 MR. STEIN: To which problem?

19 MR. DAVIDSON: To the problem pertain-  
20 ing to whether marijuana should be legalized, or not.

21 MR. STEIN: I don't think that we ---

22 THE CHAIRMAN: I am just trying to  
23 get the principles for the role of law, you know.

24 MR. DAVIDSON: Well, my basic  
25 premise is that it is not the duty of the law to be  
26 paternalistic. In Britain they had a law against  
27 suicide, and they still do. Suicide is against the  
28 law by the Criminal Code.

29 Now, if a person wants to be self-  
30 destructive, and destroy himself, that individual



1 should be entitled to -- and the British should  
2 realize this by repealing the penalty against suicide  
3 itself.

4 I don't think it is the duty of the  
5 State to play the role of a moral tutor. I disagree  
6 with that ---

7 MR. STEIN: Let me ask my version  
8 of this question. Using heroin as an example, and  
9 assuming that we know that there are certain physical  
10 effects from heroin that require the individual to  
11 continue to use it. Is it your view, and I am using  
12 heroin particularly now, and not marijuana, and not  
13 thalidomide. Is it your view that the State has any  
14 responsibility at all, in relation to this particular  
15 drug? To the availability of it, distributing of it,  
16 prohibiting it, controlling it. Is there any  
17 responsibility in relation to that particular drug?

18 MR. DAVIDSON: The drug is going to  
19 be used, regardless of what the State does in its  
20 regulation of it. If an individual is determined  
21 to utilize the drug, he will, regardless of what  
22 sanctions are placed upon his use of it.

23 There may be a duty on the State to  
24 intervene, but the problem is that who is to draw  
25 the line as to what should be prohibited, and what  
26 should not be prohibited. Somebody is playing the  
27 role of being the decision maker, and the decision  
28 may not be acceptable by the rest, or by some other  
29 people. That is the danger.

30 MR. STEIN: One other question on



1 this. If an individual is using a drug, and he  
2 finds himself in difficulty, a bad trip let's say,  
3 do you think that there is any responsibility in  
4 that situation, for the State to make available any  
5 kind of a facility? Or is it his own business?  
6 He's made this choice of his own free will, and the  
7 State really has no responsibility in this area,  
8 either.

9 I mean, do you have any views on  
10 whether the State should be involved, at any point?  
11 And I am thinking specifically at the point of  
12 assisting, in a case where someone has had diffi-  
13 culty?

14 MR. DAVIDSON: My learned friend  
15 will deal with that question.

16 MR. STEIN: O.K., fine. Thank you.

17 THE CHAIRMAN: Mr. Barclay?

18 MR. BARCLAY: If I could answer  
19 the question first, before going into my sub-  
20 mission. If one looks at State control over the  
21 use of alcohol, one finds that alcohol abuse, as  
22 such, is regarded as a medical problem. And the  
23 State, as far as legal enforcement, stays very  
24 much out of the picture. And I think that this  
25 should be the case with other drugs of abuse, because  
26 if there is not open availability of medical treat-  
27 ment without the threat of legal sanctions accompan-  
28 ing such treatment, then the idea of medical treat-  
29 ment loses a lot of its validity.

30 The treatment of opiate addicts in







1 this country, is ineffective, because medical doctors  
2 are, in great part, fearful of treating such people,  
3 or certifying them as addicts, when they haven't been  
4 so certified by court process.

5 I think this is evident from the  
6 number of -- the rate of recidivism in opiate addict-  
7 ion in this country, and in the United States, where  
8 a punitive and prohibitory approach is taken to use of  
9 the drug.

10 THE CHAIRMAN: Would you like to  
11 go on with your submission now?

12 MR. BARCLAY: I think that when  
13 one looks at recommendations of change, one has  
14 to admit, particularly from -- well, the material  
15 that we presented, and I think from some of the  
16 material presented to this Commission across the  
17 country, that a radical change in the law is  
18 necessary regarding the use of cannabis.

19 And one has to look at the following  
20 considerations:

21 Number one, are the current laws  
22 regarding marijuana just? It is our submission that  
23 they are not. There is an obvious dichotomy in the  
24 application of these laws, as the very recent arrest  
25 statistics would indicate in Edmonton, where the  
26 average age for people arrested is sixteen years old.

27 I think it's obvious that the  
28 majority of people in this audience are over sixteen.  
29 There are also cases of people in the professions who  
30 are using marijuana, and none of them are being



1 arrested, as yet.

2                               The second question; is it feasible  
3 to control marijuana by the use of the criminal law?  
4                               from  
5 It would seem, / the evidence of the last fifty years  
6 in the United States and Canada, that this is not the  
7 case. One only has to look at prohibition, with  
8 penalties of the magnitude that we have in this  
9 country, and contrast that to the recent increase in  
10 drug use, particularly that of marijuana, and one  
11 sees that our laws are not effective in any way, to  
12 control the use of this drug.

13                           The third proposition; do marijuana  
14 laws deter the use of marijuana? This was considered  
15 in my previous statement.

16                           Do present laws operate for the  
17 benefit of society? It would seem that they do not,  
18 in any meaningful way. They are a moralistic condem-  
19 nation of one drug, while another drug that is equally  
20 as harmful, that is alcohol, is readily and freely  
21 available. It produces a dichotomy in this society  
22 in terms of moral valuation. It helps to keep the  
23 cleavage between the young and the old very much a  
24 deep rift, rather than a source of communication of ideas  
25 between young people and old. And there is definite  
26 alienation of young people, by a law such as this, by  
27 reason of the fact that adults advocate through  
28 advertising, big business, etc., the use and consumption  
29 of both tobacco and alcohol, and yet there is absolute  
30 condemnation against marijuana -- which has not proven  
to be any more harmful than either drug.



1                   There are a number of recommendations  
2     that have been made, that I would like to make reference  
3     to. One is that of the Task Force report in the  
4     United States, where they recommended that simple  
5     possession, and possession for use be not subject to  
6     criminal law. But that trafficking, and possession  
7     for the purpose of trafficking, be subject to federal  
8     criminal legislation.

9                   This recommendation, as well as  
10    that of Professor Rosenthal, have some deficiencies  
11    in them, that I would like to point out.

12                  Legislation for legalization of  
13    marijuana for use alone, is only a half step. It  
14    would also create a great dichotomy in the sense that  
15    if people realize that they could use marijuana  
16    legally, they would not understand why the people  
17    that supplied it to them could be sent to prison.  
18    I think this could be shown if we could put the  
19    Alberta Liquor Control Board in jail, but we could  
20    drink liquor. I think that this would be an obvious  
21    dichotomy in somebody's thinking on regulation and  
22    control of drug use.

23                  There is a large problem when one  
24    looks at the possibility of legalization of marijuana,  
25    if that is the recommendation that this Commission  
26    makes at the end of its hearings. One of them is  
27    the problem with international control. International  
28    control at present is governed, in our opinion at any  
29    rate, by the economic and foreign policies of the  
30    United States government. This is shown, in my opinion,





1 by the fact that Harry J. Anslinger, who was head of  
2 the U.S. Bureau of Narcotics from 1937 until 1961, is  
3 now the head commissioner on the U.N. Delegation in  
4 the World Health Organization Drug Control Group, and  
5 Mr. Anslinger was instrumental in the passage of the  
6 Narcotic -- or the Marijuana Tax Act in the United  
7 States.

8 I believe that the material that  
9 we presented in our paper is indicative of Mr.  
10 Anslinger's approach to this drug, which is basically  
11 a moralistic one, and one that is based upon a pyramid  
12 of very shaky knowledge that is basically unfounded  
13 in the scientific world.

14 Now, it is felt that some of the  
15 objections regarding marijuana use, can be met by  
16 legalization of marijuana distribution, and at the  
17 same time, satisfy the desired goals of partial legal-  
18 ization of the drug.

19 First; it is far more realistic to  
20 have federal, or provincial control of distribution,  
21 rather than an illicit source of distribution. As  
22 Mr. Davidson pointed out, if distribution and control  
23 of such is in the hands of the government, the  
24 consumer can get a pure substance. He does not have  
25 to take a chance on getting a bad product.

26 Second; the proposed changes for  
27 elimination of criminal penalties for simple possession  
28 and use, implicitly say that marijuana is not harmful.  
29 In which case, prohibition of distribution and heavy  
30 penalties against distributors, are not justified in



1 any way.

2 Third; the international controls  
3 which place the burden of legislative change in the  
4 hands of the Federal government, should not be used  
5 by the government as an excuse, either to maintain  
6 existing measures of control, or for failing to take  
7 appropriate steps to solve the growing marijuana  
8 problem. General disapproval of marijuana use has  
9 in part been the result of the United States efforts  
10 in political power. But such disapproval does not  
11 mean that a prohibitory approach is the correct way  
12 to treat the problem. The recent upsurge in marijuana  
13 use is indicative of this.

14 Fourth; the argument that advertis-  
15 ing, and other such inducements would lead to excessive  
16 use, can be easily met by strict governmental control  
17 of supply and distribution, accompanied by prohibition  
18 of advertising in private sector.

19 I think this is very important. We  
20 have seen the effects of <sup>mass</sup> advertising in the use of  
21 cigarettes, and of mass advertising in the use of  
22 alcohol in this country, and in the United States.  
23 If we can get away from the money incentive being  
24 heavily involved in drug use, I think that we can see  
25 the validity in restricting any form of advertising  
26 in relation to this drug, if it is made legal.

27 The fifth point I would like to make;  
28 legalization of use and distribution of the drug would  
29 provide the necessary openness for further study of  
30 the effects of marijuana, on the personality of the



1 North American user, as well as its correlative effect  
2 upon existing societal values, and goals.

3 Sixth; the fact that public opinion  
4 is presently against legalization, is not a valid reason  
5 for not examining the situation, and taking appropriate  
6 steps toward a proper and just solution of the problem.

7 Public opinion, based on ignorance,  
8 is not a valid objection to legal change. In fact,  
9 where public opinion <sup>operates</sup> / to prevent necessary change,  
10 it breeds disrespect for the law and order, and  
11 serves to keep the law sadly, and possibly harmfully  
12 out of touch with social reality.

13 I think that this is made evident  
14 by the number of young people who are presently in  
15 prison because of drug use.

16 Seventh; probably the strongest  
17 argument against legalization, is that marijuana use  
18 could produce an abuse problem similar to that  
19 encountered with alcohol. The present studies, some  
20 of which are indicated in our report, of the effects  
21 of the drug, tend to show that its potential harm to  
22 society is less than that encountered with alcohol.  
23 Notably in relation to aggressive behavior, and anti-  
24 social behavior, and physical harm to the individual  
25 user, if, and when the drug is abused.

26 Also, even if marijuana is assumed  
27 to be a socially undesirable drug, the question still  
28 remains, whether in the light of the pleasurable  
29 effects from the use, and lack of any serious mental  
30 or physical consequences, the use of the drug can be





1 prevented.

2                   There is no question that prohibition  
3 against use, and stringent penal sanctions, can be  
4 enacted by legislation. The history in this country,  
5 is an obvious example of that. But present evidence  
6 indicates that, as with alcohol, such laws do not  
7 actually prevent use.

8                   Marijuana has been used for over  
9 three thousand years, and no war, no government and  
10 no legislation has been effected to erradicate its  
11 use.

12                   In summation, we would recommend  
13 that a change in the law be made to legalization of  
14 the sale, use and distribution of marijuana. And  
15 this change would be made along the following lines:

16                   Number one; legalize acquisition,  
17 use, and simple possession of marijuana.

18                   Two; legalize licensed sale of  
19 marijuana under strict government control, requiring  
20 definite standards of potency control, and high stand-  
21 ards for licensed vendors.

22                   Three; provide penalties for un-  
23 licensed sale, similar to those presently provided  
24 for unlicensed production and distribution of alcohol.

25                   Four; require licensed production  
26 of marijuana, with high standards of quality.

27                   Five; prohibit private advertisement  
28 of marijuana, and state clearly on the product when  
29 sold, that it has a possibility of causing harm, if  
30 improperly used.



1                                 Six; for the purposes of federal  
2       legislation of any euphorian substance -- this is  
3       the only reason for putting in our sixth point --  
4       we advocate the use of the taxing power, to tax  
5       consumption in a similar manner to alcohol and tobacco,  
6       but to avoid a prohibitively high taxation. And it  
7       is our opinion, that a tax that would be anywhere in  
8       the range of the present tax on alcohol and tobacco,  
9       would effectively erradicate the previous five  
10      controls, by reason of the fact that marijuana is  
11      very easily produced, it is quite easily smuggled into  
12      this country, and if it was prohibitively taxed it  
13      would simply create a black market for the drug.

14                               Control over the distribution, sale  
15      and use of marijuana, is only possible when this  
16      society removes the criminal sanction in relation to  
17      this drug. And marijuana should be legalized, not  
18      because it shouldn't be controlled, but because it  
19      should be controlled.

20                               Thank you.

21                               THE PUBLIC: I have also here a  
22      brief submission to make, and it doesn't entail  
23      rhetoric, so I will just come forward with it.

24                               MR. STEIN: Are there other people  
25      that want to comment on that? I had a question,  
26      but ---

27                               (The public places a brief on  
28      the Chairman's table.)

29                               THE PUBLIC: I would like to  
30      ask a question of the Commission. The University of



1 Alberta comprises a community of some twenty-three  
2 thousand people or more, including staff and students.  
3 All of them have access to marijuana, and many of them  
4 use it.

5 Why is it, that out of five hours  
6 of scheduled hearings in Edmonton, the Commission is  
7 spending one hour during exam week at the University?

8 THE CHAIRMAN: I am just trying to  
9 get the implications of the question. We haven't  
10 done less in Edmonton, than we've done in any city  
11 we've gone to, and precisely the format we have  
12 followed in each city. It's the best we can do in  
13 the waking hours of a day.

14 We have to have a public hearing,  
15 and we come at noon to the university. And I don't  
16 quite know what you would suggest, what else we might  
17 do. We are accessible for written communication, through  
18 the mail. We have done this. This is the eighteenth  
19 or nineteenth university in Canada.

20 Now, as far as the timing is  
21 concerned, well, I suppose somebody has to have a  
22 hearing in this month, and we made the schedule as  
23 well as we could, and this was the earliest we felt  
24 we could get to Edmonton. We wanted to get here  
25 before the students had gone, but we recognize the  
26 inconvenience, although I think the presence here  
27 today at noon did testify to the fact that you have  
28 been good enough ---

29 THE PUBLIC: Seven hundred, it is  
30 less --it is not half full, I don't believe. I will





1 have to ask the people at the door about that.

2 THE CHAIRMAN: Do you think if we  
3 had rented an auditorium, that it would have been  
4 better?

5 THE PUBLIC: I am simply asking a  
6 question. You are drawing the implications, sir.

7 THE CHAIRMAN: Well, I have given  
8 the answer, to the best of my ability.

9 We are interested in alternatives  
10 too, in connection with our inquiry. I would be  
11 glad to receive any suggestions, any constructive  
12 suggestions which would permit us to make contact  
13 with more people.

14 THE PUBLIC: Suppose you support  
15 the legalization of marijuana, do you think it is  
16 going to make much difference?

17 THE PUBLIC: What is the question?

18 THE PUBLIC: Supposing that they  
19 support the legalization of marijuana. Will it make  
20 any difference?

21 THE CHAIRMAN: Well, why don't  
22 you give us your views on that? You know, we are  
23 here to learn from you. Obviously if you ask such  
24 a question, you must have some views.

25 THE PUBLIC: Is it possible for  
26 the Commission to go to some countries where marijuana  
27 is legal, and try marijuana themselves? Just from a  
28 point of learning.

29 THE PUBLIC: I would like to make  
30 a submission on behalf of a very respectful organization.



1 The Students' Union of the University of Alberta.

2 This is a very brief submission,  
3 it was prepared by a committee that worked in con-  
4 junction with the Students' Council that was headed  
5 by Maureen Markley. So I would just like to read  
6 quickly through it, if I could.

7 "The Students' Union of the University  
8 of Alberta supports the legalization  
9 of marijuana. The Students' Council  
10 passed a motion to that effect on  
11 February the 2nd, 1970, which was  
12 ratified by a general referenda that  
13 was held on February the 4th. The  
14 referenda passed by the majority of  
15 136 votes, with a 25 per cent turnout."

16 I think there is an important  
17 lesson to be learned from this, and that is, that as  
18 a study in psychology today showed, in a recent edition,  
19 people who are closest to actual marijuana, people  
20 who are closest to research into marijuana, tend to  
21 view the drug as being less harmful than<sup>do</sup> people who  
22 are not as close to the research end.

23 For example, a person who is engaged  
24 in field research would view the drug more liberally  
25 than a general practitioner, and the general practition-  
26 er views the drug more liberally than do the  
27 members of the general public.

28 There are several studies and reports,  
29 that have been published, showing that marijuana is  
30 no more harmful than tobacco, or alcohol. That it is



1 not addictive; that it does not lead to physical,  
2 mental or moral degeneration; that it does not  
3 alter the basic personality structure; that it does  
4 not develop an acquired tolerance.

5 The LaGuardia Report of 1944, and  
6 the more recent Boston Study of 1968 present con-  
7 clusive scientific evidence of this.

8 A large number of students know  
9 these facts, through both research evidence, and  
10 personal experience. And the plain reason makes  
11 them ask, why not use marijuana legally?

12 In this case, criminal action  
13 against marijuana users only contributes to alien-  
14 ation of students against the law, and increases the  
15 ever-widening generation gap.

16 Moreover, the very efficient legal  
17 control makes marijuana hard to get, and users are  
18 consequently led to experiment with harder narcotic  
19 drugs.

20 "The government must take a con-  
21 structive role in drug education.  
22 Present government sponsored  
23 education programs are inadequate.  
24 They rely on dubious moral exhort-  
25 ations, rather than factual presen-  
26 tation on the important distinctions  
27 to be drawn on the various kinds of  
28 drugs, and their effects."

29 I recently got a handout from the  
30 Alberta Department of Youth, that exemplifies this.





1 And there is a little pamphlet in that, that tells  
2 you about the language of the abusers, and other  
3 things that these horrible people would do.

4 But the point is, that it's a  
5 complete mystification of the drug problem. And that  
6 until we start to get some responsible representations  
7 and factual information on the distinctions to be  
8 drawn between drugs like heroin, and the soft drugs  
9 like marijuana, people are going to regard them as  
10 being one and the same.

11 Now, this motion for legalization  
12 brings with it many related sub-problems, such as  
13 control of purchasing, taxes on drugs, and age  
14 restrictions. However, we at the University of  
15 Alberta, feel that the government must act, and act  
16 quickly. Too many young people are being arrested  
17 and imprisoned unreasonably, and unjustly.

18 Thank you.

19 THE CHAIRMAN: Thank you.

20 Professor Reiffenstein and Prof-  
21 essor Frank of the Department of Pharmacology of the  
22 University, have a submission to make here. Are  
23 they here now?

24 PROFESSOR FRANK: Well, first of  
25 all, I think our approach is a bit of a pragmatic  
26 approach to this. We believe the present law dealing  
27 with use of habituating drugs, or euphoria producing  
28 drugs, are not fulfilling their proper purpose.

29 I think the prime purpose should  
30 be to protect the individual, and society in general,



1 from harmful chemicals.

2 Our pure food laws, for example,  
3 do protect consumers against unscrupulous salesmen,  
4 where the consumer has not the ability to judge the  
5 value, or the harm of the product.

6 Our drug laws do exert an influence  
7 on the use of such things as antibiotics to ensure  
8 that they are used with, at least, proper consideration  
9 of their benefits, and their toxicities. Really, in  
10 effect, "control" is the word that is most important  
11 here. And I think this should be the function of  
12 the law. Not prohibition, but control.

13 The strictest of these controlling  
14 laws -- those supposed to prevent the use of narcotics  
15 by addicts, for example -- certainly do not seem to  
16 have fulfilled their avowed purpose, and I think  
17 that after sixty years of experimentation in this  
18 line, we should try a completely new approach to the  
19 problem.

20 I think we can use the example of  
21 narcotics here, as a particularly valid one.

22 I think at this time, we would  
23 perhaps like to give you our definition of what  
24 addiction is, and I think addiction is merely the  
25 psychological dependence, and the business of physical  
26 dependence probably has very little to do with whether  
27 or not a person is an addict. We all know that  
28 probably between seventy and ninety per cent of  
29 people who withdraw from narcotics, go back again  
30 within the year.



1                   We seem to be wasting a great  
2 deal of effort, if this is the only thing we can  
3 accomplish in this line.

4                   Now, how can people be protected?  
5 Well, clearly if in our thesis drugs do not create  
6 addicts, really addicts use drugs. This implies  
7 a psychiatric problem in most of these people, who  
8 are chronic habitual users, in other words addicts,  
9 and if this is the case, then a medical solution is  
10 desirable, instead of treating these people as  
11 criminals, and incarcerating them. In fact, the  
12 latter just may compound the problem, as far as we  
13 can see.

14                   I think the solution would be to  
15 treat these people psychiatrically, and medically,  
16 and relieve the criminal element of the problem, by  
17 providing each addict, in some sort of out-patient  
18 clinic setting, with sufficient narcotics so that  
19 his craving would be appeased.

20                   This latter is likely to be a long-  
21 term affair, and cures should not be the primary  
22 purpose of such clinics.

23                   What would be the consequences? I  
24 think this can be predicted with what's happened in  
25 other places, and with other drugs, particularly alcohol.  
26 The black market would no longer be profitable, since  
27 narcotics could be obtained very much more cheaply,  
28 than is now the case. The effect should be a marked  
29 reduction in the illegal narcotic trafficking, and  
30 in effect, the availability of narcotics.





1                   The addict would not then be forced  
2 into criminal activities to maintain his habit, and  
3 resulting in a large reduction of other associated  
4 crimes.

5                   Considerable savings would result  
6 in terms of less violence, less theivery let's say,  
7 and lower policing costs. Many addicts could then  
8 function adequately in society.

9                   This is the case in the United  
10 Kingdom now, certainly, where addicts can be treated  
11 by special clinics, and it is also true in the New  
12 York City project of Doctors Neuslander and Dole,  
13 where addicts are given methadone to relieve their  
14 craving, and incidentally, to block the effects of  
15 heroin. But this is going to be a long-term project,  
16 and these people will be treated for a number of  
17 years.

18                   This approach is claimed to be  
19 responsible for a fifty-fold increase in addiction  
20 in the last ten years in the United Kingdom. We  
21 think           this is very unlikely that this is true  
22 causal relationship. It seems to us, that this is  
23 part of a world-wide trend in use of drugs, and mis-  
24 use of drugs, such as the greatly increased use of  
25 marijuana in North America despite the presence of  
26 very punitive legislation.

27                   PROFESSOR REIFFENSTEIN: I think  
28 part of the problem we have already seen, as we go  
29 across this country, and as we see here, for some  
30 reason everybody is in all of a flurry about



1 marijuana. It seems that, supposedly spokesmen of  
2 the adult world are down hard on it, it is a horrible  
3 thing, and as you can see here, obviously the young  
4 people are all in praise of it, and saying that it's  
5 such a great thing.

6 We, as pharmacologists, I think,  
7 are sitting back and saying "What's all this fuss  
8 about?" If you want to know what information we  
9 have available, there is no doubt that our biggest  
10 problem with drug abuse is not marijuana, despite  
11 all the noise, furor and heat, and that is  
12 alcohol.

13 Certainly the adult world is very  
14 lenient, and tolerant with the use of alcohol, in  
15 almost complete disregard of common sense, as it is  
16 in its punitive measures in the use of marijuana.

17 Approximately five per cent -- I've  
18 heard figures of this nature -- of the adult popu-  
19 lation has a problem with alcohol. And I've heard  
20 figures as high as two per cent of these are so bad  
21 that they are complete social cripples.

22 Figures, when you look at them, auto  
23 deaths.  
24 In one survey in Washington, fifty per cent were those  
25 who were involved in fatal auto deaths, had an  
26 excessive amount of alcohol in their blood when  
examined.

27 Our attitude, at least of the legal  
28 -- because this probably reflects the adult attitude,  
29 is far too lenient in the use, and abuse of alcohol  
30 in driving, for example. And we would suggest that



1 current trends with breathalyzers should be increased  
2 penalties, to protect, not so much the individual  
3 driving the car, but those who happen to get in his  
4 way. The penalties for drinking and driving are  
5 far too lenient, and we are far too tolerant in our  
6 society, on drinking and driving.

7 With some of the other drugs,  
8 such as tranquilizers and sedatives, these are  
9 generally given through medical practitioners. People,  
10 undoubtedly some are addicted, but somehow we don't  
11 get as excited about it.

12 There is no doubt, that some of  
13 the stimulants, the amphetamines are extremely toxic,  
14 and dangerous to the health of those who become  
15 addicted to it. Then again, most people who become  
16 addicted to it, are people looking for drugs and  
17 are not generally those who are exposed first by  
18 a medical practitioner, or for medical use of these  
19 things. These include the amphetamines and so forth.

20 The hallucinogens, as I think it  
21 has been pretty adequately covered here, somehow  
22 those who are all for pushing the use of drugs tend  
23 to ignore the fact that despite the complications  
24 in the picture, there is no doubt that a drug like  
25 LSD produces something/akin to a psychosis every time  
26 the individual takes this drug. There seems to be  
27 considerable evidence of at least mental abhorractions,  
28 or deterioration in such patients. Good evidence,  
29 though, is lacking as to whether this is the effect  
30 of the drug, or whether simply people who are on their





1 way to trouble start taking LSD, on a chronic basis.

2 More investigation, more knowledge  
3 is necessary. On the other hand, what little  
4 evidence we do have, would suggest this is a fairly  
5 serious problem for those who take it.

6 On the other hand, if we look at  
7 our laws, at least on the face of it, the laws for  
8 possession, for example, of LSD, are much less severe.

9 Now there has been the case recently,  
10 in the courts here anyway, from reports in the papers,  
11 that the magistrates themselves have taken it upon  
12 themselves to give severe penalties for possession  
13 of LSD, and lesser penalties for marijuana. Although  
14 the laws, by themselves, would imply that marijuana  
15 possession should be provided with much more severe  
16 penalty.

17 We would suggest that it is up to --  
18 the time is coming, or already has come, when maybe  
19 the laws should be made by legislators, and not by  
20 the magistrates deciding for themselves how they are  
21 going to penalize what type of offender.

22 As far as marijuana goes, we have  
23 very little to add, except that speaking from the  
24 evidence that exists, we can say that the use of  
25 marijuana seems to entail little physical, or mental  
26 problem to the user, unless of course he becomes --  
27 uses it to excess, just like the use of any other  
28 type of drug.

29 The greatest danger to the user  
30 at the moment, is undoubtedly the punitive laws, when



1 they are applied.

2 I think it is up to the legislators  
3 to decide just how liberal these laws should be made.  
4 However, if they are not legalized and controlled, at  
5 the very least the penalties must be reduced.

6 We have the very peculiar situation  
7 that possession of marijuana means that you get a  
8 very severe penalty. The obvious excuse given for  
9 this is that somebody who possesses it may be able  
10 to sell it, may be trading it, and it is very hard  
11 to get evidence that somebody is a salesman of this  
12 drug. So we make a law in order to make sure we  
13 catch the seller. And this seems to be the contrary  
14 of the spirit of our laws, where we seem to go to  
15 great lengths to make our laws as liberal as possible  
16 in the fear that we may occasionally catch an  
17 innocent person.

18 Therefore, we make laws which we  
19 know permits a lot of guilty people to get away.  
20 Here we have the converse situation. We make our  
21 laws, at least in the Narcotics Control Act, extremely  
22 severe. Not because we are worried about protecting  
23 the innocent, but we are worried about a few guilty  
24 people getting away.

25 I think at the very least, our  
26 laws must be liberalized, and take this into  
27 consideration, that we are interested in protecting  
28 the innocent, not as severely willing to penalize  
29 innocent people in the hopes of catching <sup>some</sup> guilty ones.

30 But basically, our approach is --



1       though we have scattered it. It's in much more  
2       detail in our brief -- that each of these drugs,  
3       or groups of habituating or improperly used drugs,  
4       are a separate problem, in, and of themselves,  
5       and cannot be lumped together and considered together,  
6       but must be dealt with separately.

7                       THE CHAIRMAN: Thank you.

8                       Are there any questions, or  
9       observations?

10                      The gentleman at the microphone?

11                      THE PUBLIC: Yes. You just spoke  
12       about liberalizing laws concerning marijuana, and  
13       I would like to question you on what you would do  
14       if you do not believe marijuana should be outrightly  
15       legal. What sort of a restriction would you place  
16       upon it? Would you say the old thing, that the  
17       Hon. Mr. Clark talked about this morning, that  
18       pushers be called criminals, and jailed as such.  
19       But users just be fined, and not be criminals?

20                      PROFESSOR REIFFENSTEIN: If you  
21       are asking me, I am not on the Commission. But  
22       what we said, I think, made it obvious that we felt  
23       that this is a peculiar situation, but certainly we  
24       don't want to make it a severe penalty for anyone.

25                      PROFESSOR FRANK: The best way of  
26       handling trafficking, is to make it unprofitable  
27       trafficker.  
28       for the / And that is, perhaps, the best reason  
29       for making it legal. We must provide tremendous  
30       amounts of money in North America, to the underworld,  
      who supply all sorts of drugs. We bankroll them.





1                   From 1911, or 1909 in Canada, we  
2                   have bankrolled these people by banning heroin, for  
3                   example. It is time we tried something else.

4                   THE PUBLIC: I would just like to  
5                   raise a question for everybody to think about. In  
6                   view of the fact that, you know, grass and hash are  
7                   like, you know, obviously harmless and obviously  
8                   groovey, and in view of the fact that there is no  
9                   scientific evidence to even state that they are as  
10                  harmful as alcohol and tobacco, you know, we all have  
11                  to ask ourselves some very serious questions about  
12                  why then are grass and hash outlawed?

13                  Why then is LSD, with the tremendous  
14                  gains they have made using it in clinical psychology,  
15                  why is that outlawed for even clinical psychologists  
16                  use?

17                  I think these are pretty heavy  
18                  questions, in view of the fact that for forty years,  
19                  at least, in North America the evidence has been in  
20                  on grass and hash. And we are still, you know,  
21                  monkeying around and talking about commissions today,  
22                  and playing nursery school about the whole subject.

23                  It raises quite a few heavy questions  
24                  and I think we have to ask ourselves, if there is  
25                  not, in view of the fact that professional people  
26                  escape prosecution for the use of cannabis, and the  
27                  hippies, like, get busted for it. In view of that  
28                  fact, is it not possibly, you know, some sort of  
29                  cultural reason for keeping grass outlawed, and is  
30                  it not possibly a motive, you know, this is the



1       easiest way to drive hippies back into mommy and  
2       daddy's trip again.

3                       And something, you know, very  
4       significant to think about. Because there is no  
5       reason why we should be here debating whether or  
6       not it should be legal, or whether it's harmful  
7       today. Absolutely no reason. It don't make sense.

8                       THE PUBLIC: I would dispute one  
9       point which you made. And that is, that       there is  
10      any medical, clinical use of LSD. The only thing  
11      that seemed to be promising was the treatment of  
12      alcoholics, and this has been debunked completely.  
13      All they do is become habituated to LSD instead of  
14      alcohol.

15                      THE PUBLIC: Well, that's not  
16      where its at, because, like, acid isn't a habit  
17      forming type thing. You know, people form habits.  
18      Some people, you know, drop acid once in their  
19      lives and never did it again.

20                      THE PUBLIC: We've said that, that  
21      drugs don't make addicts. People become addicts.  
22      Addicts use drugs.

23                      THE PUBLIC: Treating an alcoholic  
24      with acid, there's no, you know, evidence that it's  
25      turned all the alkies and acid heads -- they might  
26      have dug on it, and said, "Wow, " you know. "I can  
27      go home and drop, instead of messing my life up."

28                      THE PUBLIC: Well, they didn't  
29      certainly, cease to become addicts because of it.

30                      THE PUBLIC: There's been a few



1 cases where people have been cured of a lot of  
2 fantastic things.

3 Let me say further about clinical  
4 psychology, man.

5 THE PUBLIC: Sorry, but if we want  
6 to talk about our prejudices, and what we like and  
7 what we don't like, if you want to talk about the  
8 evidence, we cannot agree with you that there is any  
9 valid scientific evidence that LSD has done any good  
10 for anybody.

11 Now you want to believe in Yoga,  
12 you want to believe in whatever you want to believe,  
13 fine. You want to believe that standing on your  
14 head makes you great, fine. If you want to talk  
15 about the scientific evidence, there is none for  
16 LSD, I'm sorry.

17 THE PUBLIC: Well, I think the  
18 point here is, like, you know, the difference in  
19 opinion. Has LSD done any good for anybody? You  
20 don't think so, but you see, I don't think a suit and  
21 a tie does anything groovey for anybody either, so  
22 that's probably where its at.

23 THE CHAIRMAN: Gentleman at the  
24 microphone there.

25 THE PUBLIC: Yes. We are talking  
26 about whether LSD is a harm to anybody. If we  
27 take into consideration the people that sit on their  
28 ass all evening long, and watch television. I mean,  
29 like, here you are, eating potatoe chips, peanuts  
30 and beer, getting fat, and is that good for you?





1 And watching something like "Flying Nun" and "Mod  
2 Squad", wow! I don't think it is a question of  
3 whether it is good or not for you, I think it is  
4 a question of preference.

5 Also, I am going to high school  
6 right now, probably one of my bigger mistakes in  
7 life. I notice that a lot of kids around me have  
8 been getting busted lately, and they are not big  
9 dealers. Like, they are kids that maybe buy a gram,  
10 and then split it in half, and sell the other half  
11 for four bucks so they can afford it. And this is  
12 where its at, busting kids.

13 If you're going to bust, bust big.  
14 Don't bust at all, if you're going to bust little  
15 people, because it's not really fair. I mean ---

16 THE PUBLIC: It is easier, though.

17 THE PUBLIC: Yes, it's easier.  
18 They can't fight back, you know.

19 It's a policy in this city for  
20 high school students who are suspected of trafficking  
21 to be reported to the principal, and thereupon  
22 reported to the police. This is not very rehabilit-  
23 ative. If you can't ask your counsellor about, you  
24 know, your problems, and if they are pertaining to  
25 doing weed, or acid, then there's nobody you can go  
26 to anymore.

27 So it is not a question of being  
28 rehabilitative, it's just a question of punishment.

29 THE CHAIRMAN: Thank you.

30 Gentleman there at the microphone.



1 THE PUBLIC: I would just like to  
2 say I find it ridiculous that there is no law  
3 against possessing speed, which everybody knows  
4 what it's done. Like, somebody who has been on  
5 speed shakes for three weeks and comes down, and yet,  
6 you can get upwards of seven years for possessing  
7 marijuana.

8 MR. STEIN: Do you think there  
9 should be a law against possessing speed?

10 THE PUBLIC: I don't, it is just  
11 a personal opinion. I don't think the State should  
12 be paternal.

13 THE CHAIRMAN: You don't think  
14 there should be a prohibition against possession?

15 THE PUBLIC: No.

16 THE CHAIRMAN: You point this out  
17 as an inconsistency in the law?

18 THE PUBLIC: An inconsistency in  
19 the law.

20 Furthermore, Tim Christian said  
21 that the absence of the availability of the weaker  
22 drugs, marijuana and hash, leads to the use of  
23 stronger drugs. And I have to disagree, since I  
24 think marijuana does lead to the use of stronger  
25 drugs since the law builds up an aura around drug  
26 -- around drugs. That is, people are -- before they  
27 start using, are slightly afraid of it because the  
28 law has built it up. And then, when you try weed,  
29 and you find out how harmless it is, you say, "Well,  
30 they are feeding me a line." You know, "They are



1 feeding me a line." And consequently, you tend not  
2 to believe the bad things you have heard about the  
3 other drugs, LSD, mescaline, all the way up.

4 So the law, in effect, is causing  
5 people to go to the stronger drugs, if anything.

6 THE PUBLIC: My point was  
7 essentially the same as the last one, that the drugs,  
8 they have created such a terror mystique about  
9 marijuana and hashish, that they have not paid any  
10 attention to the really serious drugs.

11 And now heroin is coming along,  
12 and they are trying to create the same terror mystique,  
13 and it's not believed anymore. But it's really going to  
14 happen this time. They are being killed by heroin.  
15 Three hundred last year in New York, and it's going  
16 to be a thousand this year.

17 THE CHAIRMAN: What should be the  
18 policy on heroin, then? What should be the approach  
19 of government?

20 THE PUBLIC: Simply to tell the  
21 truth about the drug. They've been telling the  
22 truth about tobacco for some years now, and at last  
23 it's starting to have some effect. Tobacco use has  
24 declined some three per cent over the last few  
25 years.

26 And if they did the same about  
27 marijuana and heroin, the drugs would not be that  
28 important anymore. So I want them to tell the truth.

29 THE PUBLIC: I just wanted to  
30 raise a question concerning LSD and hard hallucinogens.





Most of the psychopharmacological literature equates psilocybin, mescaline and LSD as far as effects go, and most users, in most controlled studies can't tell the difference between a mescaline effect and an LSD effect. And some of the literature now on these mescalines used illicitly by kids, points to the fact that mescalines are dangerous drugs, the same as LSD. But, there are two hundred and twenty-five thousand Indians using LSD in the United States, and they have been using it for a hundred years. Despite studies by WASPS, and other self-righteous sociologists, there doesn't seem to be too much evidence of its harmful effects. They use it once every week, every Saturday night, and the Native American Church isn't a bunch of perverts, and terrible people.

I think, it seems to me, more evidence is needed before we make blanket statements about the harmfulness of drugs such as LSD. And the complete uselessness of them.

That's about all I have to say.

THE PUBLIC: I think our friends had something really valid to say, and we kind of laughed it off, you know, and everything. But the whole thing in marijuana is really petty, and yet you have to look over the big thing about how big business has gone into marijuana, and the whole thing. Like, it has gone into government and military. And if you really want to legalize marijuana, all you have to do is give some big



1 business the right to sell it, and it would be legal  
2 right away, you know. That's the way it is.

3 That's all I want to say.

4 THE CHAIRMAN: Thank you.

5 We are going to have to return now,  
6 to the Edmonton Public Library for our public hearing  
7 this afternoon, scheduled for 2:30.

8 Any of you who can come, who don't  
9 have an exam tomorrow, would be very welcome.

10 Thank you very much for your  
11 reception here today. We appreciate you coming out  
12 at this time.

13  
14 --- Upon adjourning at 2:25 p.m.  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

















